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601 SURGERY SERVICE CODES AND DESCRIPTIONS

Service

Code Service Description

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

Incision and Drainage

- 10121 Incision and removal of foreign body, subcutaneous tissues; complicated
- 10180 Incision and drainage, complex, postoperative wound infection

Excision—Debridement

- 11042 Debridement; skin, and subcutaneous tissue
- 11043 skin, subcutaneous tissue, and muscle
- 11044 skin, subcutaneous tissue, muscle, and bone

Excision—Benign Lesions

- 11404 Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms, or legs; lesion diameter 3.1 to 4.0 cm
- 11406 lesion diameter over 4.0 cm
- 11424 Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
- 11426 lesion diameter over 4.0 cm
- 11444 Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
- 11446 lesion diameter over 4.0 cm
- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 with complex repair
- 11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463 with complex repair
- 11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
- 11471 with complex repair

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Excision—Malignant Lesions

11604 Excision, malignant lesion, trunk, arms, or legs; lesion diameter 3.1 to 4.0 cm
11606 lesion diameter over 4.0 cm
11624 Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
11626 lesion diameter over 4.0 cm
11644 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0 cm
11646 lesion diameter over 4.0 cm

NAILS

11770 Excision of pilonidal cyst or sinus; simple
11771 extensive
11772 complicated

Introduction

11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970 Replacement of tissue expander with permanent prosthesis
11971 Removal of tissue expander(s) without insertion of prosthesis

REPAIR (CLOSURE)

Repair—Simple

12005 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or
 extremities (including hands and feet); 12.6 cm to 20.0 cm
12006 20.1 cm to 30.0 cm
12007 over 30.0 cm
12016 Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes;
 12.6 cm to 20.0 cm
12017 20.1 cm to 30.0 cm
12018 over 30.0 cm
12020 Treatment of superficial wound dehiscence; simple closure
12021 with packing

Repair—Intermediate

12034 Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 7.6
 cm to 12.5 cm
12035 12.6 cm to 20.0 cm

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12036	20.1 cm to 30.0 cm
12037	over 30.0 cm
12044	Layer closure of wounds of neck, hands, feet, and/or external genitalia; 7.6 cm to 12.5 cm
12045	12.6 cm to 20.0 cm
12046	20.1 cm to 30.0 cm
12047	over 30.0 cm
12054	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 7.6 cm to 12.5 cm
12055	12.6 cm to 20.0 cm
12056	20.1 cm to 30.0 cm
12057	over 30.0 cm

Repair—Complex

13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	2.6 cm to 7.5 cm
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	2.6 cm to 7.5 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.1 cm to 2.5 cm
13132	2.6 cm to 7.5 cm
13150	Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less
13151	1.1 cm to 2.5 cm
13152	2.6 cm to 7.5 cm
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
13300	Repair, unusual, complicated, over 7.5 cm, any area

Adjacent Tissue Transfer or Rearrangement

14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms, and/or legs; defect 10 sq cm or less
14021	defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10 sq cm or less
14041	defect 10.1 to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
14061	defect 10.1 sq cm to 30.0 sq cm
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	Filleted finger or toe flap, including preparation of recipient site

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Free Skin Grafts

- 15000 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
- 15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
- 15100 Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15101 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15120 Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15121 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
- 15201 each additional 20 sq cm (list separately in addition to code for primary procedure)
- 15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
- 15221 each additional 20 sq cm (list separately in addition to code for primary procedure)
- 15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15241 each additional 20 sq cm (list separately in addition to code for primary procedure)
- 15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15261 each additional 20 sq cm (list separately in addition to code for primary procedure)
- 15350 Application of allograft, skin; 100 sq cm or less
- 15400 Application of xenograft, skin; 100 sq cm or less

Flaps (Skin and/or Deep Tissues)

- 15570 Formation of direct or tubed pedicle, with or without transfer; trunk
- 15572 scalp, arms, or legs
- 15574 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet
- 15576 eyelids, nose, ears, lips, or intraoral
- 15580 Cross finger flap, including free graft to donor site
- 15600 Delay of flap or sectioning of flap (division and inset); at trunk
- 15610 at scalp, arms, or legs
- 15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet
- 15625 section pedicle of cross finger flap
- 15630 at eyelids, nose, ears, or lips

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Service

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15950 Excision, trochanteric pressure ulcer, with primary suture
15951 with ostectomy
15952 Excision, trochanteric pressure ulcer, with skin flap closure
15953 with ostectomy
15956 Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft
 closure
15958 with ostectomy

Burns, Local Treatment

16015 Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with
 major debridement
16030 without anesthesia, large (e.g., more than one extremity)
16035 Escharotomy

BREAST

Incision

19020 Mastotomy with exploration or drainage of abscess, deep

Excision

19100 Biopsy of breast; needle core (separate procedure)
19101 incisional
19110 Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma
 lactiferous duct
19112 Excision of lactiferous duct fistula
19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct
 lesion, nipple or areolar lesion (except 19140), male or female, one or more lesions
19125 Excision of breast lesion identified by preoperative placement of radiological marker; single lesion
19126 each additional lesion separately identified by a radiological marker (list separately in addition
 to code for primary procedure)
19140 Mastectomy for gynecomastia (P.A.)
19160 Mastectomy, partial
19162 with axillary lymphadenectomy
19180 Mastectomy, simple, complete
19182 Mastectomy, subcutaneous
19260 Excision of chest wall tumor including ribs

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Repair and/or Reconstruction

19318	Reduction mammaplasty (P.A.)
19328	Removal of intact mammary implant (P.A.)
19330	Removal of mammary implant material (P.A.)
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (mastopexy requires P.A.)
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (mastopexy requires P.A.)
19350	Nipple/areola reconstruction (P.A.)
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion (P.A.)
19364	Breast reconstruction with free flap (P.A.)
19366	Breast reconstruction with other technique (P.A.)
19380	Revision of reconstructed breast (P.A.)

MUSCULOSKELETAL SYSTEM

GENERAL

Incision

20005	Incision of soft tissue abscess (e.g., secondary to osteomyelitis); deep or complicated
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Excision

20200	Biopsy, muscle; superficial
20205	deep
20206	Biopsy, muscle, percutaneous needle
20220	Biopsy, bone, trocar or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
20225	deep (vertebral body, femur)
20240	Biopsy, bone, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)
20245	deep (e.g., humerus, ischium, femur)
20250	Biopsy, vertebral body, open; thoracic
20251	lumbar or cervical

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Introduction or Removal

- 20525 Removal of foreign body in muscle or tendon sheath; deep or complicated
- 20650 Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
- 20660 Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
- 20661 Application of halo, including removal; cranial
- 20662 pelvic
- 20663 femoral
- 20665 Removal of tongs or halo applied by another physician
- 20670 Removal of implant; superficial (e.g., buried wire, pin, or rod) (separate procedure)
- 20680 deep (e.g., buried wire, pin, screw, metal band, nail, rod, or plate)
- 20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
- 20692 Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)
- 20693 Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin(s) or wire(s) and/or new ring(s) or bar(s))
- 20694 Removal, under anesthesia, of external fixation system

Grafts (or Implants)

- 20900 Bone graft, any donor area; minor or small (e.g., dowel or button)
- 20902 major or large
- 20910 Cartilage graft; costochondral
- 20912 nasal septum
- 20920 Fascia lata graft; by stripper
- 20922 by incision and area exposure, complex or sheet
- 20924 Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris)
- 20926 Tissue grafts, other (e.g., paratenon, fat, dermis)

Other Procedures

- 20955 Bone graft with microvascular anastomosis; fibula
- 20962 other than fibula, iliac crest, or metatarsal
- 20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
- 20970 iliac crest
- 20972 metatarsal
- 20973 great toe with web space
- 20975 Electrical stimulation to aid bone healing; invasive (operative)

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Service

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HEAD

Incision

21010 Arthrotomy, temporomandibular joint

Excision

21015 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp
21025 Excision of bone (e.g., for osteomyelitis or bone abscess); mandible
21026 facial bone(s)
21029 Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)
21030 Excision of benign tumor or cyst of facial bone other than mandible
21031 Excision of torus mandibularis
21032 Excision of maxillary torus palatinus
21034 Excision of malignant tumor of facial bone other than mandible
21040 Excision of benign cyst or tumor of mandible; simple
21041 complex
21044 Excision of malignant tumor of mandible
21050 Condylectomy, temporomandibular joint (separate procedure)
21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070 Coronoidectomy (separate procedure)

Introduction or Removal

21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal (I.C.)

Repair, Revision, and/or Reconstruction

21206 Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) (P.A.)
21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) (P.A.)
21209 reduction (P.A.)
21210 Graft, bone; nasal, maxillary, or malar areas (includes obtaining graft) (P.A.)
21215 mandible (includes obtaining graft) (P.A.)
21230 Graft; rib cartilage, autogenous, to face, chin, nose, or ear (includes obtaining graft) (P.A.)
21235 ear cartilage, autogenous, to nose or ear (includes obtaining graft) (P.A.)
21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) (P.A.)
21242 Arthroplasty, temporomandibular joint, with allograft (P.A.)
21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement (P.A.)

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Service

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- 21244 Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) (P.A.)
- 21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach (P.A.)
- 21270 Malar augmentation, prosthetic material (P.A.)
- 21275 Secondary revision of orbitocraniofacial reconstruction (P.A.)
- 21280 Medial canthopexy (separate procedure) (P.A.)
- 21282 Lateral canthopexy (P.A.)

Fracture and/or Dislocation

- 21300 Closed treatment of skull fracture without operation
- 21310 Closed treatment of nasal bone fracture without manipulation
- 21315 Closed treatment of nasal bone fracture; without stabilization
- 21320 with stabilization
- 21325 Open treatment of nasal fracture; uncomplicated
- 21330 complicated, with internal and/or external skeletal fixation
- 21335 with concomitant open treatment of fractured septum
- 21337 Closed treatment of nasal septal fracture, with or without stabilization
- 21338 Open treatment of nasoethmoid fracture; without external fixation
- 21339 with external fixation
- 21340 Percutaneous treatment of nasoethmoid complex fracture, with splint, wire, or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
- 21343 Open treatment of depressed frontal sinus fracture
- 21345 Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
- 21355 Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
- 21360 Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
- 21365 Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
- 21385 Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
- 21386 periorbital approach
- 21387 combined approach
- 21390 periorbital approach, with alloplastic or other implant
- 21395 periorbital approach with bone graft (includes obtaining graft)
- 21400 Closed treatment of fracture of orbit, except blowout; without manipulation
- 21401 with manipulation
- 21406 Open treatment of fracture of orbit, except blowout; without implant

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21407	with implant
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21493	Closed treatment of hyoid fracture; without manipulation
21494	with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture

NECK (SOFT TISSUES) AND THORAX

Incision

21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
21502	with partial rib ostectomy
21510	Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess), thorax

Excision

21550	Biopsy, soft tissue of neck or thorax
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	deep, subfascial, intramuscular
21600	Excision of rib, partial

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21610 Costotransversectomy (separate procedure)

21620 Ostectomy of sternum, partial

Repair, Revision, and/or Reconstruction

21700 Division of scalenus anticus; without resection of cervical rib

21720 Division of sternocleidomastoid for torticollis, open operation; without cast application

21725 with cast application

Fracture and/or Dislocation

21800 Closed treatment of rib fracture, uncomplicated, each

21805 Open treatment of rib fracture without fixation, each

21810 Treatment of rib fracture requiring external fixation ("flail chest")

21820 Closed treatment of sternum fracture

BACK AND FLANK

Excision

21920 Biopsy, soft tissue of back or flank; superficial

21925 deep

21930 Excision, tumor, soft tissue of back or flank

21935 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank

SPINE (VERTEBRAL COLUMN)

Excision

22100 Partial excision of posterior vertebral component, (e.g., spinous process, lamina, or facet) for intrinsic bony lesion, single vertebral segment; cervical

22101 thoracic

22102 lumbar

22103 each additional segment (list separately in addition to code for primary procedure)

Fracture and/or Dislocation

22305 Closed treatment of vertebral process fracture(s)

22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

22315 Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction

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22325 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach,
 one fractured vertebrae or dislocated segment; lumbar
22326 cervical
22327 thoracic
22328 each additional fractured vertebrae or dislocated segment (list separately in addition to code
 for primary procedure)

Manipulation

22505 Manipulation of spine requiring anesthesia, any region

ABDOMEN

Excision

22900 Excision, abdominal wall tumor, subfascial (e.g., desmoid)

SHOULDER

Incision

23000 Removal of subdeltoid (or intratendinous) calcareous deposits, any method
23020 Capsular contracture release (e.g., Sever type procedure)
23030 Incision and drainage, shoulder area; deep abscess or hematoma
23035 Incision, bone cortex (e.g., osteomyelitis or bone abscess), shoulder area
23040 Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044 Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal
 of foreign body

Excision

23065 Biopsy, soft tissue of shoulder area; superficial
23066 deep
23075 Excision, soft tissue tumor, shoulder area; subcutaneous
23076 deep, subfascial or intramuscular
23077 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area
23100 Arthrotomy, glenohumeral joint, including biopsy
23101 Arthrotomy , acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of
 torn cartilage
23105 Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106 sternoclavicular joint, with synovectomy, with or without biopsy

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23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviculectomy; partial
23125	total
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula
23145	with autograft (includes obtaining graft)
23146	with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
23155	with autograft (includes obtaining graft)
23156	with allograft
23170	Sequestrectomy (e.g., for osteomyelitis or bone abscess); clavicle
23172	scapula
23174	humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); clavicle
23182	scapula
23184	proximal humerus
23190	Ostectomy of scapula, partial (e.g., superior medial angle)
23195	Resection humeral head

Introduction or Removal

23330	Removal of foreign body, shoulder; subcutaneous
23331	deep (e.g., Neer hemiarthroplasty removal)

Repair, Revision, and/or Reconstruction

23395	Muscle transfer, any type, shoulder or upper arm; single
23397	multiple
23400	Scapulopexy (e.g., Sprengel's deformity or for paralysis)
23405	Tenotomy, shoulder area; single tendon
23406	multiple tendons through same incision
23410	Repair of ruptured musculotendinous cuff (e.g., rotator cuff); acute
23412	chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	with labral repair (e.g., Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block

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23462 with coracoid process transfer
23465 Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466 Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23480 Osteotomy, clavicle, with or without internal fixation
23485 with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;
 clavicle
23491 proximal humerus

Fracture and/or Dislocation

23500 Closed treatment of clavicular fracture; without manipulation
23505 with manipulation
23515 Open treatment of clavicular fracture, with or without internal or external fixation
23520 Closed treatment of sternoclavicular dislocation; without manipulation
23525 with manipulation
23530 Open treatment of sternoclavicular dislocation, acute or chronic
23532 with fascial graft (includes obtaining graft)
23540 Closed treatment of acromioclavicular dislocation; without manipulation
23545 with manipulation
23550 Open treatment of acromioclavicular dislocation, acute or chronic
23552 with fascial graft (includes obtaining graft)
23570 Closed treatment of scapular fracture; without manipulation
23575 with manipulation, with or without skeletal traction (with or without shoulder joint
 involvement)
23585 Open treatment of scapular fracture (body, glenoid, or acromion) with or without internal fixation
23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without
 manipulation
23605 with manipulation, with or without skeletal traction
23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without
 internal or external fixation, with or without repair of tuberosity(-ies)
23616 with proximal humeral prosthetic replacement
23620 Closed treatment of greater humeral tuberosity fracture; without manipulation
23625 with manipulation
23630 Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation
23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655 requiring anesthesia
23660 Open treatment of acute shoulder dislocation
23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with
 manipulation

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

- 23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation
- 23675 Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
- 23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation

Manipulation

- 23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

Arthrodesis

- 23800 Arthrodesis, glenohumeral joint
- 23802 with autogenous graft (includes obtaining graft)

Amputation

- 23921 Disarticulation of shoulder; secondary closure or scar revision

HUMERUS (UPPER ARM) AND ELBOW

Incision

- 23930 Incision and drainage, upper arm or elbow area; deep abscess or hematoma
- 23931 bursa
- 23935 Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess), humerus or elbow
- 24000 Arthrotomy, elbow, including exploration, drainage, or removal of foreign body

Excision

- 24065 Biopsy, soft tissue of upper arm or elbow area; superficial
- 24066 deep (subfascial or intramuscular)
- 24075 Excision, tumor, upper arm or elbow area; subcutaneous
- 24076 deep, subfascial or intramuscular
- 24077 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of upper arm or elbow area
- 24100 Arthrotomy, elbow; with synovial biopsy only
- 24101 with joint exploration, with or without biopsy, with or without removal of loose or foreign body
- 24102 with synovectomy

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Service

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24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus
24115	with autograft (includes obtaining graft)
24116	with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24125	with autograft (includes obtaining graft)
24126	with allograft
24130	Excision, radial head
24134	Sequestrectomy (e.g., for osteomyelitis or bone abscess); shaft or distal humerus
24136	radial head or neck
24138	olecranon process
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); humerus
24145	radial head or neck
24147	olecranon process
24150	Radical resection for tumor, shaft or distal humerus
24151	with autograft (includes obtaining graft)
24152	Radical resection for tumor, radial head or neck
24153	with autograft (includes obtaining graft)
24155	Resection of elbow joint (arthrectomy)

Introduction or Removal

24160	Implant removal; elbow joint
24164	radial head
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)

Repair, Revision, and/or Reconstruction

24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24310	Tenotomy, open, elbow to shoulder, each tendon
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	Flexor-plasty, elbow (e.g., Steindler type advancement)
24331	with extensor advancement
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24350	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis)
24351	with extensor origin detachment
24352	with annular ligament resection
24354	with stripping
24356	with partial ostectomy

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Service

Code Service Description

24360 Arthroplasty, elbow; with membrane (e.g., fascial)
24361 with distal humeral prosthetic replacement
24362 with implant and fascia lata ligament reconstruction
24363 with distal humerus and proximal ulnar prosthetic replacement (e.g., total elbow)
24365 Arthroplasty, radial head
24366 with implant
24400 Osteotomy, humerus, with or without internal fixation
24410 Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420 Osteoplasty, humerus (e.g., shortening or lengthening) (excluding 64876)
24430 Repair of nonunion or malunion, humerus; without graft (e.g., compression technique)
24435 with iliac or other autograft (includes obtaining graft)
24470 Hemiepiphyseal arrest (e.g., cubitus varus or valgus, distal humerus)
24495 Decompression fasciotomy, forearm, with brachial artery exploration
24498 Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft

Fracture and/or Dislocation

24500 Closed treatment of humeral shaft fracture; without manipulation
24505 with manipulation, with or without skeletal traction
24515 Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516 Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530 Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535 with manipulation, with or without skin or skeletal traction
24538 Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545 Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546 with intercondylar extension
24560 Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565 with manipulation
24566 Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575 Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation
24576 Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577 with manipulation
24579 Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

- 24582 Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
- 24586 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)
- 24587 with implant arthroplasty
- 24600 Treatment of closed elbow dislocation; without anesthesia
- 24605 requiring anesthesia
- 24615 Open treatment of acute or chronic elbow dislocation
- 24620 Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
- 24635 Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation
- 24655 Closed treatment of radial head or neck fracture; with manipulation
- 24665 Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision
- 24666 with radial head prosthetic replacement
- 24670 Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
- 24675 with manipulation
- 24685 Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation

Arthrodesis

- 24800 Arthrodesis, elbow joint; local
- 24802 with autogenous graft (includes obtaining graft)

Amputation

- 24925 Amputation, arm through humerus; secondary closure or scar revision

FOREARM AND WRIST

Incision

- 25000 Incision, extensor tendon sheath, wrist (e.g., deQuervain's disease)
- 25020 Decompression fasciotomy, forearm and/or wrist; flexor or extensor compartment
- 25023 with debridement of nonviable muscle and/or nerve
- 25028 Incision and drainage, forearm and/or wrist; deep abscess or hematoma
- 25031 bursa
- 25035 Incision, deep, bone cortex, forearm and/or wrist (e.g., osteomyelitis or bone abscess)
- 25040 Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Excision

- 25065 Biopsy, soft tissue of forearm and/or wrist; superficial
- 25066 deep (subfascial or intramuscular)
- 25075 Excision, tumor, forearm and/or wrist area; subcutaneous
- 25076 deep, subfascial or intramuscular
- 25077 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of forearm and/or wrist area
- 25085 Capsulotomy, wrist (e.g., contracture)
- 25100 Arthrotomy, wrist joint; with biopsy
- 25101 with joint exploration, with or without biopsy, with or without removal of loose or foreign body
- 25105 with synovectomy
- 25107 Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
- 25110 Excision, lesion of tendon sheath, forearm and/or wrist
- 25111 Excision of ganglion, wrist (dorsal or volar); primary
- 25112 recurrent
- 25115 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
- 25116 extensors with or without transposition of dorsal retinaculum
- 25118 Synovectomy, extensor tendon sheath, wrist, single compartment
- 25119 with resection of distal ulna
- 25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
- 25125 with autograft (includes obtaining graft)
- 25126 with allograft
- 25130 Excision or curettage of bone cyst or benign tumor of carpal bones
- 25135 with autograft (includes obtaining graft)
- 25136 with allograft
- 25145 Sequestrectomy (e.g., for osteomyelitis or bone abscess), forearm and/or wrist
- 25150 Partial excision (craterization, saucerization or diaphysectomy) of bone (e.g., for osteomyelitis); ulna
- 25151 radius
- 25170 Radical resection for tumor, radius or ulna
- 25210 Carpectomy; one bone
- 25215 all bones of proximal row
- 25230 Radial styloidectomy (separate procedure)
- 25240 Excision distal ulna, partial or complete (e.g., Darrach type or matched resection)

Introduction or Removal

- 25248 Exploration with removal of deep foreign body, forearm or wrist
- 25250 Removal of wrist prosthesis; (separate procedure)

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Service

Code Service Description

25251 complicated, including "total wrist"

Repair, Revision, and/or Reconstruction

25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263 secondary, single, each tendon or muscle
25265 secondary, with free graft (includes obtaining graft), each tendon or muscle
25270 Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272 secondary, single, each tendon or muscle
25274 Repair, tendon or muscle, extensor, secondary, with tendon graft (includes obtaining graft),
 forearm and/or wrist, each tendon or muscle
25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290 Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295 Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300 Tenodesis at wrist; flexors of fingers
25301 extensors of fingers
25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312 with tendon graft(s) (includes obtaining graft), each tendon
25315 Flexor origin slide (e.g., for cerebral palsy, Volkmann contracture), forearm and/or wrist
25316 with tendon(s) transfer
25320 Capsulorrhaphy or reconstruction, wrist, any method (e.g., capsulodesis, ligament repair, tendon
 transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal
 instability
25332 Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335 Centralization of wrist on ulna (e.g., radial club hand)
25350 Osteotomy, radius; distal third
25355 middle or proximal third
25360 Osteotomy; ulna
25365 radius and ulna
25370 Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR
 ulna
25375 radius AND ulna
25390 Osteoplasty, radius OR ulna; shortening
25391 lengthening with autograft
25392 Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393 lengthening with autograft
25400 Repair of nonunion or malunion, radius OR ulna; without graft (e.g., compression technique)
25405 with iliac or other autograft (includes obtaining graft)
25415 Repair of nonunion or malunion, radius AND ulna; without graft (e.g., compression technique)
25420 with iliac or other autograft (includes obtaining graft)
25425 Repair of defect with autograft; radius OR ulna
25426 radius AND ulna
25440 Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes
 obtaining graft and necessary fixation)
25441 Arthroplasty with prosthetic replacement; distal radius

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Service

Code Service Description

25442	distal ulna
25443	scaphoid (navicular)
25444	lunate
25445	trapezium
25446	distal radius and partial or entire carpus ("total wrist")
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	Revision of arthroplasty, including removal of implant, wrist joint
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	distal radius AND ulna
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	ulna
25492	radius AND ulna

Fracture and/or Dislocation

25505	Closed treatment of radial shaft fracture; with manipulation
25515	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	Closed treatment of radial shaft fracture, with dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular cartilage
25535	Closed treatment of ulnar shaft fracture; with manipulation
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius or ulna
25575	of radius AND ulna
25605	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25611	Percutaneous skeletal fixation of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation
25620	Open treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation

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Service

Code Service Description

25624 Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628 Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25635 Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645 Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each bone
25660 Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670 Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25675 Closed treatment of distal radioulnar dislocation with manipulation
25676 Open treatment of distal radioulnar dislocation, acute or chronic
25680 Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685 Open treatment of trans-scaphoperilunar type of fracture dislocation
25690 Closed treatment of lunate dislocation, with manipulation
25695 Open treatment of lunate dislocation

Arthrodesis

25800 Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805 with sliding graft
25810 with iliac or other autograft (includes obtaining graft)
25820 Arthrodesis, wrist; limited, without bone graft (e.g., intercarpal or radiocarpal)
25825 with autograft (includes obtaining graft)

Amputation

25907 Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922 Disarticulation through wrist; secondary closure or scar revision
25929 Transmetacarpal amputation; secondary closure or scar revision

HAND AND FINGERS

Incision

26011 Drainage of finger abscess; complicated (e.g., felon)
26020 Drainage of tendon sheath, digit and/or palm, each
26025 Drainage of palmar bursa; single bursa
26030 multiple bursa
26034 Incision, bone cortex, hand or finger (e.g., osteomyelitis or bone abscess)
26035 Decompression fingers and/or hand, injection injury (e.g., grease gun)
26037 Decompressive fasciotomy, hand (excludes 26035)
26040 Fasciotomy, palmar (e.g., Dupuytren's contracture); percutaneous

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Service

Code Service Description

26045 open, partial
26055 Tendon sheath incision (e.g., for trigger finger)
26060 Tenotomy, percutaneous, single, each digit
26070 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075 metacarpophalangeal joint, each
26080 interphalangeal joint, each

Excision

26100 Arthrotomy with biopsy; carpometacarpal joint, each
26105 metacarpophalangeal joint, each
26110 interphalangeal joint, each
26115 Excision, tumor or vascular malformation, hand or finger; subcutaneous
26116 deep, subfascial, intramuscular
26117 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of hand or finger
26121 Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123 Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26125 each additional digit (list separately in addition to code for primary procedure)
26130 Synovectomy, carpometacarpal joint
26135 Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140 Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145 Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160 Excision of lesion of tendon sheath or capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26170 Excision of tendon, palm, flexor, single (separate procedure), each
26180 Excision of tendon, finger, flexor (separate procedure), each tendon
26200 Excision or curettage of bone cyst or benign tumor of metacarpal
26205 with autograft (includes obtaining graft)
26210 Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx of finger
26215 with autograft (includes obtaining graft)
26230 Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); metacarpal
26235 proximal or middle phalanx of finger
26236 distal phalanx of finger
26250 Radical resection, metacarpal; (e.g., tumor)

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Service

Code Service Description

- 26255 with autograft (includes obtaining graft)
26260 Radical resection, proximal or middle phalanx of finger (e.g., tumor)
26261 with autograft (includes obtaining graft)
26262 Radical resection, distal phalanx of finger (e.g., tumor)

Introduction or Removal

- 26320 Removal of implant from finger or hand

Repair, Revision, and/or Reconstruction

- 26350 Repair or advancement, flexor tendon, not in digital flexor tendon sheath (e.g., no man's land);
primary or secondary without free graft, each tendon
26352 secondary with free graft (includes obtaining graft), each tendon
26356 Repair or advancement, flexor tendon, in digital flexor tendon sheath (e.g., no man's land);
primary, each tendon
26357 secondary, each tendon
26358 secondary with free graft (includes obtaining graft), each tendon
26370 Repair or advancement of profundus tendon, with intact supreficialis tendon; primary, each tendon
26372 secondary with free graft (includes obtaining graft), each tendon
26373 secondary without free graft, each tendon
26390 Excision flexor tendon, implantation of prosthetic rod for delayed tendon graft, hand or finger,
each tendon
26392 Removal of prosthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining
graft), each tendon
26410 Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412 with free graft (includes obtaining graft), each tendon
26415 Excision of extensor tendon, implantation of prosthetic rod for delayed tendon graft, hand or
finger
26416 Removal of prosthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand
or finger, each rod
26418 Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420 with free graft (includes obtaining graft), each tendon
26426 Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local
tissue(s), including lateral band(s), each tendon
26428 with free graft (includes obtaining graft), each tendon
26432 Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g.,
mallet finger)
26433 Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)
26434 with free graft (includes obtaining graft)

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	palm AND finger, each tendon
26445	Tenolysis, extensor tendon, hand or finger; each tendon
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	Tenotomy, flexor, palm, open, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26460	Tenotomy, extensor, hand or finger, open, each tendon
26471	Tenodesis; of proximal interphalangeal joint, each joint
26474	of distal joint, each joint
26476	Lengthening of tendon, extensor, hand or finger, each tendon
26477	Shortening of tendon, extensor, hand or finger, each tendon
26478	Lengthening of tendon, flexor, hand or finger, each tendon
26479	Shortening of tendon, flexor, hand or finger, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	with free tendon graft (includes obtaining graft), each tendon
26490	Opponensplasty; superficialis tendon transfer type, each tendon
26492	tendon transfer with graft (includes obtaining graft), each tendon
26494	hypothener muscle transfer
26496	other methods
26497	Transfer of tendon to restore intrinsic function; ring and small finger
26498	all four fingers
26499	Correction claw finger, other methods
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	with tendon or fascial graft (includes obtaining graft) (separate procedure)
26504	with tendon prosthesis (separate procedure)
26508	Release of thenar muscle(s) (e.g., thumb contracture)
26510	Cross intrinsic transfer
26516	Capsulodesis, metacarpophalangeal joint; single digit
26517	two digits
26518	three or four digits
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	with prosthetic implant, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	with prosthetic implant, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	with local tissue (e.g., adductor advancement)
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	Politicization of a digit
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe "wrap-around" with bone graft
26553	other than great toe, single
26554	other than great toe, double
26555	Transfer, finger to another position without microvascular anastomosis
26560	Repair of syndactyly (web finger) each web space; with skin flaps
26561	with skin flaps and grafts
26562	complex (e.g., involving bone, nails)
26565	Osteotomy; metacarpal, each
26567	phalanx of finger, each
26568	Osteoplasty, lengthening, metacarpal or phalanx
26580	Repair cleft hand
26585	Repair bifid digit
26587	Reconstruction of supernumerary digit, soft tissue and bone
26590	Repair macrodactylia
26591	Repair, intrinsic muscles of hand, each muscle
26593	Release, intrinsic muscles of hand, each muscle
26596	Excision of constricting ring of finger, with multiple Z-plasties
26597	Release of scar contracture, flexor or extensor, with skin grafts, rearrangement flaps, or Z-plasties, hand and/or finger

Fracture and/or Dislocation

26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	Closed treatment of metacarpal fracture, with manipulation, with internal or external fixation, each bone
26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26675	Closed treatment of carpometacarpophalangeal dislocation, other than thumb (Bennett fracture), single, with manipulation; requiring anesthesia

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb (Bennett fracture), single, with manipulation
26685	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single, with or without internal or external fixation
26686	complex, multiple or delayed reduction
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation; single, with manipulation
26715	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single

Arthrodesis

26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation
26842	with autograft (includes obtaining graft)
26843	Arthrodesis, carpometacarpal joint, digits, other than thumb
26844	with autograft (includes obtaining graft)
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
26852	with autograft (includes obtaining graft)
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26861	each additional interphalangeal joint (list separately in addition to code for primary procedure)
26862	with autograft (includes obtaining graft)
26863	with autograft (includes obtaining graft), each additional joint (list separately in addition to code for primary procedure)

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Service

Code Service Description

Amputation

- 26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
- 26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
- 26952 with local advancement flaps (V-Y, hood)

PELVIS AND HIP JOINT

Incision

- 26990 Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
- 26991 infected bursa
- 26992 Incision, bone cortex, pelvis and/or hip joint (e.g., osteomyelitis or bone abscess)
- 27000 Tenotomy, adductor of hip, percutaneous (separate procedure)
- 27001 Tenotomy, adductor of hip, open
- 27003 Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
- 27030 Arthrotomy, hip, with drainage (e.g., infection)
- 27033 Arthrotomy, hip, including exploration or removal of loose or foreign body
- 27035 Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves

Excision

- 27040 Biopsy, soft tissue of pelvis and hip area; superficial
- 27041 deep, subfascial or intramuscular
- 27047 Excision, tumor, pelvis and hip area; subcutaneous tissue
- 27048 deep, subfascial, intramuscular
- 27049 Radical resection of tumor, soft tissue of pelvis and hip area (e.g., malignant neoplasm)
- 27050 Arthrotomy, with biopsy; sacroiliac joint
- 27052 hip joint
- 27060 Excision; ischial bursa
- 27062 trochanteric bursa or calcification
- 27065 Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
- 27066 deep, with or without autograft
- 27080 Coccygectomy, primary

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Service
Code

Service Description

Introduction and/or Removal

- 27086 Removal of foreign body, pelvis or hip; subcutaneous tissue
27087 deep (subfascial or intramuscular)

Repair, Revision, and/or Reconstruction

- 27097 Release or recession, hamstring, proximal
27098 Transfer, adductor to ischium
27100 Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105 Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110 Transfer iliopsoas; to greater trochanter
27111 to femoral neck

Fracture and/or Dislocation

- 27193 Closed treatment of pelvic ring fracture, dislocation, diastasis, or subluxation; without manipulation
27194 with manipulation, requiring more than local anesthesia
27202 Open treatment of coccygeal fracture
27230 Closed treatment of femoral fracture, proximal end, neck; without manipulation
27238 Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27246 Closed treatment of greater trochanteric fracture, without manipulation
27250 Closed treatment of hip dislocation, traumatic; without anesthesia
27252 requiring anesthesia
27265 Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266 requiring regional or general anesthesia

Manipulation

- 27275 Manipulation, hip joint, requiring general anesthesia

FEMUR (THIGH REGION) AND KNEE JOINT

Incision

- 27301 Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303 Incision, deep, with opening of bone cortex, femur or knee (e.g., for osteomyelitis or bone abscess)
27305 Fasciotomy, iliotibial (tenotomy), open

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

27306 Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)s
27307 multiple tendons
27310 Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)
27315 Neurectomy, hamstring muscle
27320 Neurectomy, popliteal (gastrocnemius)

Excision

27323 Biopsy, soft tissue of thigh or knee area; superficial
27324 deep (subfascial or intramuscular)
27327 Excision, tumor, thigh or knee area; subcutaneous
27328 deep, subfascial, or intramuscular
27330 Arthrotomy, knee; with synovial biopsy only
27331 including joint exploration, biopsy, or removal of loose or foreign bodies
27332 Arthrotomy, with excision of semilunar cartilage (meniscectomy), knee; medial OR lateral
27333 medial AND lateral
27334 Arthrotomy, with synovectomy, knee; anterior OR posterior
27335 anterior AND posterior including popliteal area
27340 Excision, prepatellar bursa
27345 Excision of synovial cyst of popliteal space (e.g., Baker's cyst)
27350 Patellectomy or hemipatellectomy
27355 Excision or curettage of bone cyst or benign tumor of femur
27356 with allograft
27360 Partial excision (craterization, saucerization, or diaphysectomy), bone, femur, proximal tibia
and/or fibula (e.g., osteomyelitis or bone abscess)

Introduction or Removal

27372 Removal of foreign body, deep, thigh region or knee area

Repair, Revision, and/or Reconstruction

27380 Suture of infrapatellar tendon; primary
27381 secondary reconstruction, including fascial or tendon graft
27385 Suture of quadriceps or hamstring muscle rupture; primary
27386 secondary reconstruction, including fascial or tendon graft
27390 Tenotomy, open, hamstring, knee to hip; single tendon
27391 multiple tendons, one leg
27392 multiple tendons, bilateral
27393 Lengthening of hamstring tendon; single tendon
27394 multiple tendons, one leg

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Service

Code Service Description

27395	multiple tendons, bilateral
27396	Transplant, hamstring tendon to patella; single tendon
27397	multiple tendons
27400	Transfer, tendon or muscle, hamstrings to femur (e.g., Egger's type procedure)
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	cruciate
27409	collateral and cruciate ligaments
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)
27420	Reconstruction of dislocating patella; (e.g., Hauser type procedure)
27422	with extensor realignment and/or muscle advancement or release (e.g., Campbell, Goldwaite type procedure)
27424	with patellectomy
27425	Lateral retinacular release (any method)
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	intra-articular (open)
27429	intra-articular (open) and extra-articular
27430	Quadricepsplasty (e.g., Bennett or Thompson type)
27435	Capsulotomy, posterior capsular release, knee
27437	Arthroplasty, patella; without prosthesis
27438	with prosthesis
27440	Arthroplasty, knee, tibial plateau
27441	with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	with debridement and partial synovectomy

Fracture and/or Dislocation

27500	Closed treatment of femoral shaft fracture, without manipulation
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

- 27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation
- 27513 Open treatment of femoral supercondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation
- 27516 Closed treatment of distal femoral epiphyseal separation; without manipulation
- 27517 with manipulation, with or without skin or skeletal traction
- 27520 Closed treatment of patellar fracture, without manipulation
- 27524 Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
- 27530 Closed treatment of tibial fracture, proximal (plateau); without manipulation
- 27532 with or without manipulation, with skeletal traction
- 27535 Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation
- 27538 Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
- 27550 Closed treatment of knee dislocation; without anesthesia
- 27552 requiring anesthesia
- 27560 Closed treatment of patellar dislocation; without anesthesia
- 27562 requiring anesthesia
- 27566 Open treatment of patellar dislocation, with or without partial or total patellectomy

Manipulation

- 27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

LEG (TIBIA AND FIBULA) AND ANKLE JOINT

Incision

- 27603 Incision and drainage, leg or ankle; deep abscess or hematoma
- 27604 infected bursa
- 27605 Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
- 27606 general anesthesia
- 27607 Incision (e.g., osteomyelitis or bone abscess), leg or ankle
- 27610 Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
- 27612 Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening

Excision

- 27613 Biopsy, soft tissue of leg or ankle area; superficial
- 27614 deep (subfascial or intramuscular)

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Service

Code Service Description

27615	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of leg or ankle area
27618	Excision, tumor, leg or ankle area; subcutaneous tissue
27619	deep (subfascial or intramuscular)
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle
27626	including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion), leg and/or ankle
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula
27637	with autograft (includes obtaining graft)
27638	with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis or exostosis); tibia
27641	fibula

Repair, Revision, and/or Reconstruction

27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
27652	with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	multiple tendons (through separate incision(s))
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	multiple tendons (through same incision), each
27687	Gastrocnemius recession (e.g., Strayer procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)
27691	deep (e.g., anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	each additional tendon (list in addition to code for primary procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	both collateral ligaments
27698	Repair, secondary disrupted ligament, ankle, collateral (e.g., Watson-Jones procedure)
27700	Arthroplasty, ankle
27704	Removal of ankle implant

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

27705	Osteotomy; tibia
27707	fibula
27709	tibia and fibula
27715	Osteoplasty, tibia and fibula, lengthening or shortening
27730	Arrest, epiphyseal (epiphysiodesis), any method, distal tibia
27732	distal fibula
27734	distal tibia and fibula
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula
27742	and distal femur
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia

Fracture and/or Dislocation

27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	with manipulation, with or without skeletal traction
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws)
27758	Open treatment of tibial shaft fracture (with or without fibular fracture) with plate/screws, with or without cerclage
27759	Open treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	Closed treatment of medial malleolus fracture; without manipulation
27762	with manipulation, with or without skin or skeletal traction
27766	Open treatment of medial malleolus fracture, with or without internal or external fixation
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	with manipulation
27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	with manipulation
27792	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation
27808	Closed treatment of bimalleolar ankle fracture (including Potts); without manipulation
27810	with manipulation
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	with manipulation
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823	with fixation of posterior lip
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond), with or without anesthesia; without manipulation

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Service

Code Service Description

27825 with skeletal traction and/or requiring manipulation
27826 Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal or external fixation; of fibula only
27827 of tibia only
27828 of both tibia and fibula
27829 Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830 Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831 requiring anesthesia
27832 Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840 Closed treatment of ankle dislocation; without anesthesia
27842 requiring anesthesia, with or without percutaneous skeletal fixation
27846 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848 with repair or internal or external fixation

Manipulation

27860 Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

Arthrodesis

27870 Arthrodesis, ankle, any method
27871 Arthrodesis, tibiofibular joint, proximal or distal

Amputation

27884 Amputation leg, through tibia and fibula; secondary closure or scar revision

FOOT AND TOES

Incision

28002 Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003 multiple areas
28005 Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot
28008 Fasciotomy, foot and/or toe
28020 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint

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Service

Code Service Description

28030 Neurectomy, intrinsic musculature of foot
28035 Release, tarsal tunnel (posterior tibial nerve decompression)

Excision

28043 Excision, tumor, foot; subcutaneous tissue
28045 deep, subfascial, intramuscular
28046 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of foot
28050 Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28054 interphalangeal joint
28060 Fasciectomy, plantar fascia; partial (separate procedure)
28062 radical (separate procedure)
28070 Synovectomy; intertarsal or tarsometatarsal joint, each
28072 metatarsophalangeal joint, each
28080 Excision, interdigital (Morton) neuroma, single, each
28086 Synovectomy, tendon sheath, foot; flexor
28088 extensor
28090 Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); foot
28092 toe(s), each
28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus
28102 with iliac or other autograft (includes obtaining graft)
28103 with allograft
28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal bones, except talus or calcaneus
28106 with iliac or other autograft (includes obtaining graft)
28107 with allograft
28110 Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111 Osteotomy, complete excision; first metatarsal head
28112 other metatarsal head (second, third or fourth)
28113 fifth metatarsal head
28114 all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (e.g., Clayton type procedure)
28116 Osteotomy, excision of tarsal coalition
28118 Osteotomy, calcaneus
28119 for spur, with or without plantar fascial release
28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy), bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122 tarsal or metatarsal bone, except talus or calcaneus
28130 Talcotomy (astragalectomy)
28140 Metatarsectomy
28150 Phalangectomy, toe, each toe

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Service

Code Service Description

28171 Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173 metatarsal
28175 phalanx of toe

Introduction or Removal

28192 Removal of foreign body, foot; deep
28193 complicated

Repair, Revision, and/or Reconstruction

28200 Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202 secondary with free graft, each tendon (includes obtaining graft)
28208 Repair, tendon, extensor, foot; primary or secondary, each tendon
28210 secondary with free graft, each tendon (includes obtaining graft)
28222 Tenolysis, flexor, foot; multiple tendons
28225 Tenolysis, extensor, foot; single tendon
28226 multiple tendons
28238 Reconstruction (advancement), posterior tibial tendon with excision of accessory navicular bone
(e.g., Kidner type procedure)
28240 Tenotomy, lengthening, or release, abductor hallucis muscle
28250 Division of plantar fascia and muscle (e.g., Steindler stripping) (separate procedure)
28260 Capsulotomy, midfoot; medial release only (separate procedure)
28261 with tendon lengthening
28262 extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (e.g., resistant
clubfoot deformity)
28264 Capsulotomy, midtarsal (e.g., Heyman type procedure)
28280 Syndactylization, toes (e.g., webbing or Kelikian type procedure)
28285 Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28286 Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
28288 Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g.,
Silver type procedure)
28292 Keller, McBride or Mayo type procedure
28293 resection of joint with implant
28294 with tendon transplants (e.g., Joplin type procedure)
28296 with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures)
28297 Lapidus type procedure
28298 by phalanx osteotomy
28299 by other methods (e.g., double osteotomy)
28300 Osteotomy; calcaneus (e.g., Dwyer or Chambers type procedure), with or without internal fixation
28302 talus

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Service

Code Service Description

28304	Osteotomy, tarsal bones, other than calcaneus or talus
28305	with autograft (includes obtaining graft) (e.g., Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	first metatarsal with autograft (other than first toe)
28308	other than first metatarsal, each
28309	multiple (e.g., Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	metatarsal, with or without bone graft (includes obtaining graft)
28340	Reconstruction, toe, macrodactyly; soft tissue resection
28341	requiring bone resection
28344	Reconstruction, toe(s); polydactyly
28345	syndactyly, with or without skin graft(s), each web

Fracture and/or Dislocation

28400	Closed treatment of calcaneal fracture; without manipulation
28405	with manipulation
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	Open treatment of calcaneal fracture, with or without internal or external fixation
28420	with primary iliac or other autogenous bone graft (includes obtaining graft)
28435	Closed treatment of talus fracture; with manipulation
28436	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	Open treatment of talus fracture, with or without internal or external fixation
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia

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Service

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28546 Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555 Open treatment of tarsal bone dislocation, with or without internal or external fixation
28575 Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576 Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585 Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28605 Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606 Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615 Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28635 Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636 Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645 Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation
28665 Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666 Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675 Open treatment of interphalangeal joint dislocation, with or without internal or external fixation

Arthrodesis

28705 Arthrodesis; pantalar
28715 triple
28725 subtalar
28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
28735 with osteotomy (e.g., flatfoot correction)
28737 Arthrodesis, with tendon lengthening and advancement, midtarsal navicular-cuneiform (e.g., Miller type procedure)
28740 Arthrodesis, midtarsal or tarsometatarsal, single joint
28750 Arthrodesis, great toe; metatarsophalangeal joint
28755 interphalangeal joint
28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint, (e.g., Jones type procedure)

Amputation

28810 Amputation, metatarsal, with toe, single
28820 Amputation, toe; metatarsophalangeal joint
28825 interphalangeal joint

ENDOSCOPY/ARTHROSCOPY

29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) (P.A.)
29804 Arthroscopy, temporomandibular joint, surgical (P.A.)

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Service

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29815	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	synovectomy, partial
29821	synovectomy, complete
29822	debridement, limited
29823	debridement, extensive
29825	with lysis and resection of adhesions, with or without manipulation
29826	decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	synovectomy, partial
29836	synovectomy, complete
29837	debridement, limited
29838	debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	synovectomy, partial
29845	synovectomy, complete
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	internal fixation for fracture or instability
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal and external fixation (includes arthroscopy)
29851	with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856	bicondylar, with or without internal or external fixation (includes arthroscopy)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	debridement/shaving of articular cartilage (chondroplasty)
29879	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling
29880	with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	with meniscus repair (medial OR lateral)
29883	with meniscus repair (medial AND lateral)
29884	with lysis of adhesions with or without manipulation (separate procedure)

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Service

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29885	drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	drilling for intact osteochondritis dissecans lesion
29887	drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	synovectomy, partial
29897	debridement, limited
29898	debridement, extensive

RESPIRATORY SYSTEM

NOSE

Excision

30115	Excision, nasal polyp(s), extensive
30117	Excision or destruction, any method (including laser), intranasal lesion; internal approach
30118	external approach (lateral rhinotomy)
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	complex, under bone or cartilage
30130	Excision turbinate, partial or complete, any method
30140	Submucous resection turbinate, partial or complete, any method
30150	Rhinectomy; partial
30160	total

Removal of Foreign Body

30310	Removal of foreign body, intranasal; requiring general anesthesia
30320	by lateral rhinotomy

Repair

30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip (P.A.)
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip (P.A.)
30420	including major septal repair (P.A.)
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work) (P.A.)
30435	intermediate revision (bony work with osteotomies) (P.A.)

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Service

Code Service Description

30450 major revision (nasal tip work and osteotomies) (P.A.)
30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540 Repair choanal atresia; intranasal
30560 Lysis intranasal synechia
30580 Repair fistula; oromaxillary (Combine with 31030 if antrotomy is included.) (I.C.)
30600 oronasal
30620 Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630 Repair nasal septal perforations

Destruction

30801 Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method (separate procedure); superficial
30802 intramural

Other Procedures

30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cauterization, any method; initial
30906 subsequent
30915 Ligation arteries; ethmoidal
30920 internal maxillary artery, transantral

ACCESSORY SINUSES

Incision

31020 Sinusotomy, maxillary (antrotomy); intranasal
31030 radical (Caldwell-Luc) without removal of antrochoanal polyps
31032 radical (Caldwell-Luc) with removal of antrochoanal polyps
31050 Sinusotomy, sphenoid, with or without biopsy
31051 with mucosal stripping or removal of polyp(s)
31070 Sinusotomy frontal; external, simple (trephine operation)
31075 transorbital, unilateral (for mucocoele or osteoma, Lynch type)
31080 obliterative without osteoplastic flap, brow incision (includes ablation)
31084 obliterative, with osteoplastic flap, brow incision
31086 nonobliterative, with osteoplastic flap, brow incision
31090 Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)

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Service

Code Service Description

Excision

31200 Ethmoidectomy; intranasal, anterior
31201 intranasal, total
31205 extranasal, total

Endoscopy

31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy, or debridement (separate procedure)
31238 with control of epistaxis
31239 with dacryocystorhinostomy
31240 with concha bullosa resection
31254 Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255 with ethmoidectomy, total (anterior and posterior)
31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31267 with removal of tissue from maxillary sinus
31276 Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288 with removal of tissue from the sphenoid sinus

LARYNX

Excision

31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, corpectomy
31320 diagnostic

Endoscopy

31510 Laryngoscopy, indirect; with biopsy
31511 with removal of foreign body
31512 with removal of lesion
31513 with vocal cord injection
31515 Laryngoscopy direct, with or without tracheoscopy; for aspiration
31525 diagnostic, except newborn
31526 diagnostic, with operating microscope

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Service

Code Service Description

31527	with insertion of obturator
31528	with dilatation, initial
31529	with dilatation, subsequent
31530	Laryngoscopy, direct, operative, with foreign body removal
31531	with operating microscope
31535	Laryngoscopy, direct, operative, with biopsy
31536	with operating microscope
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis
31541	with operating microscope
31560	Laryngoscopy, direct, operative, with arytenoidectomy
31561	with operating microscope
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
31571	with operating microscope
31576	Laryngoscopy, flexible fiberoptic; with biopsy
31577	with removal of foreign body
31578	with removal of lesion

Repair

31580	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582	for laryngeal stenosis, with graft or core mold, including tracheotomy
31584	with open reduction of fracture
31585	Treatment of closed laryngeal fracture; without manipulation
31586	with closed manipulative reduction
31588	Laryngoplasty, not otherwise specified (e.g., for burns, reconstruction after partial laryngectomy)
31590	Laryngeal reinnervation by neuromuscular pedicle

Destruction

31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
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TRACHEA AND BRONCHI

Incision

31600	Tracheostomy, planned (separate procedure)
31601	under two years
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection

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Service

Code Service Description

31613 Tracheostoma revision; simple, without flap rotation
31614 complex, with flap rotation

Endoscopy

31615 Tracheobronchoscopy through established tracheostomy incision
31622 Bronchoscopy; diagnostic (flexible or rigid); with or without cell washing
31625 with biopsy
31628 with transbronchial lung biopsy, with or without fluoroscopic guidance
31629 with transbronchial needle aspiration biopsy
31630 with tracheal or bronchial dilation or closed reduction of fracture
31631 with tracheal dilation and placement of tracheal stent
31635 with removal of foreign body
31640 with excision of tumor
31641 with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser)
31645 with therapeutic aspiration of tracheobronchial tree, initial (e.g., drainage of lung abscess)
31646 with therapeutic aspiration of tracheobronchial tree, subsequent
31656 with injection of contrast material for segmental bronchography (fiberscope only)

Introduction

31700 Catheterization, transglottic (separate procedure)
31710 Catheterization for bronchography, with or without instillation of contrast material
31715 Transtracheal injection for bronchography
31717 Catheterization with bronchial brush biopsy
31720 Catheter aspiration (separate procedure); nasotracheal
31730 Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy

Repair

31750 Tracheoplasty; cervical
31755 tracheopharyngeal fistulization, each stage
31785 Excision of tracheal tumor or carcinoma; cervical
31800 Suture of tracheal wound or injury; cervical
31820 Surgical closure tracheostomy or fistula; without plastic repair
31825 with plastic repair
31830 Revision of tracheostomy scar

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Service

Code Service Description

LUNGS AND PLEURA

Incision

- 32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- 32002 Thoracentesis with insertion of tube with or without water seal (e.g., for pneumothorax) (separate procedure)
- 32005 Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)
- 32020 Tube thoracostomy with or without water seal (e.g., for abscess, hemothorax, empyema) (separate procedure)

Excision

- 32400 Biopsy, pleura; percutaneous needle
- 32405 Biopsy, lung or mediastinum, percutaneous needle
- 32420 Pneumonocentesis, puncture of lung for aspiration

CARDIOVASCULAR SYSTEM

HEART AND PERICARDIUM

Pericardium

- 33010 Pericardiocentesis; initial
- 33011 subsequent

ARTERIES AND VEINS

Embolectomy/Thrombectomy

Arterial, with or without Catheter

- 34101 Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision

Vascular Injection Procedures

Intra-Arterial—Intra-Aortic

- 36261 Revision of implanted intra-arterial infusion pump
- 36262 Removal of implanted intra-arterial infusion pump

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Code Service Description

Venous

- 36489 Placement of central venous catheter (subclavian, jugular or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2
- 36491 cutdown, over age 2
- 36530 Insertion of implantable intravenous infusion pump
- 36531 Revision of implantable intravenous infusion pump
- 36532 Removal of implantable intravenous infusion pump
- 36533 Insertion of implantable venous access port, and/or subcutaneous reservoir
- 36534 Revision of implantable venous access port and/or subcutaneous reservoir
- 36535 Removal of implantable venous access port and/or subcutaneous reservoir

Arterial

- 36640 Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown

Intervascular Cannulization or Shunt

- 36800 Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
- 36810 arteriovenous, external (Scribner type)
- 36815 arteriovenous, external revision or closure
- 36821 Arteriovenous anastomosis, direct, any site (e.g., Cimino type) (separate procedure)
- 36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
- 36830 nonautogenous graft
- 36832 Revision, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous, dialysis graft (separate procedure)
- 36835 Insertion of Thomas shunt (separate procedure)
- 36860 External cannula declotting (separate procedure); without balloon catheter
- 36861 with balloon catheter

Ligation and Other Procedures

- 37609 Ligation or biopsy, temporal artery
- 37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
- 37720 Ligation and division and complete stripping of long or short saphenous veins
- 37730 Ligation and division and complete stripping of long and short saphenous veins
- 37735 Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
- 37760 Ligation of perforators, subfascial, radical (Linton type), with or without skin graft

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Code Service Description

37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785 Ligation, division, and/or excision of recurrent or secondary varicose veins (clusters), one leg

HEMIC AND LYMPHATIC SYSTEMS

LYMPH NODES AND LYMPHATIC CHANNELS

Incision

38300 Drainage of lymph node abscess or lymphadenitis; simple
38305 extensive
38308 Lymphangiectomy or other operations on lymphatic channels

Excision

38500 Biopsy or excision of lymph node(s); superficial (separate procedure)
38505 by needle, superficial (e.g., cervical, inguinal, axillary)
38510 deep cervical node(s)
38520 deep cervical node(s) with excision scalene fat pad
38525 deep axillary node(s)
38530 internal mammary node(s) (separate procedure)
38542 Dissection, deep jugular node(s)
38550 Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555 with deep neurovascular dissection

Radical Lymphadenectomy (Radical Resection of Lymph Nodes)

38700 Suprahyoid lymphadenectomy
38740 Axillary lymphadenectomy; superficial
38745 complete
38760 Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)

Introduction

38790 Injection procedure; lymphangiography

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Service

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DIGESTIVE SYSTEM

LIPS

Excision

- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 40510 Excision of lip; transverse wedge excision with primary closure
- 40520 V-excision with primary direct linear closure
- 40525 full thickness, reconstruction with local flap (e.g., Estlander or fan)
- 40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander)
- 40530 Resection of lip, more than one-fourth, without reconstruction

Repair (Cheiloplasty)

- 40650 Repair lip, full thickness; vermilion only
- 40652 up to half vertical height
- 40654 over one-half vertical height, or complex
- 40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
- 40701 primary bilateral, one stage procedure
- 40702 primary bilateral, one of two stages
- 40720 secondary, by recreation of defect and reclosure
- 40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle

VESTIBULE OF MOUTH

Incision

- 40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
- 40805 Removal of embedded foreign body, vestibule of mouth; complicated

Excision, Destruction

- 40814 Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
- 40816 complex, with excision of underlying muscle
- 40818 Excision of mucosa of vestibule of mouth as donor graft
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)

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Repair

40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	over 2.5 cm or complex
40840	Vestibuloplasty; anterior (P.A.)
40842	posterior, unilateral (P.A.)
40843	posterior, bilateral (P.A.)
40844	entire arch (P.A.)
40845	complex (including ridge extension, muscle repositioning) (P.A.)

TONGUE AND FLOOR OF MOUTH

Incision

41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	sublingual, superficial
41006	sublingual, deep, supramylohyoid
41007	submental space
41008	submandibular space
41009	masticator space
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	submental
41017	submandibular
41018	masticator space

Excision

41105	Biopsy of tongue; posterior one-third
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	posterior one-third
41114	with local tongue flap
41115	Excision of lingual frenum (frenectomy)
41116	Excision, lesion of floor of mouth
41120	Glossectomy; less than one-half tongue

Repair

41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	posterior one-third of tongue
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

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Service

Code Service Description

Other Procedures

- 41500 Fixation of tongue, mechanical, other than suture (e.g., K-wire)
- 41510 Suture of tongue to lip for micrognathia (Douglas type procedure)
- 41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)

DENTOALVEOLAR STRUCTURES

Incision

- 41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
- 41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues
- 41806 bone

Excision, Destruction

- 41820 Gingivectomy, excision gingiva, each quadrant (P.A.)
- 41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
- 41826 with simple repair
- 41827 with complex repair
- 41830 Alveolectomy, including curettage of osteitis or sequestrectomy (P.A.)
- 41850 Destruction of lesion (except excision), dentoalveolar structures

PALATE AND UVULA

Incision

- 42000 Drainage of abscess of palate, uvula

Excision, Destruction

- 42104 Excision, lesion of palate, uvula; without closure
- 42106 with simple primary closure
- 42107 with local flap closure
- 42120 Resection of palate or extensive resection of lesion
- 42140 Uvulectomy, excision of uvula (P.A.)
- 42145 Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
- 42160 Destruction of lesion, palate or uvula (thermal, cryo, or chemical)

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Service

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Repair

- 42180 Repair, laceration of palate; up to 2 cm
- 42182 over 2 cm or complex
- 42200 Palatoplasty for cleft palate, soft and/or hard palate only
- 42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
- 42210 with bone graft to alveolar ridge (includes obtaining graft)
- 42215 Palatoplasty for cleft palate; major revision
- 42220 secondary lengthening procedure
- 42225 attachment pharyngeal flap
- 42226 Lengthening of palate, and pharyngeal flap
- 42227 Lengthening of palate, with island flap
- 42235 Repair of anterior palate, including vomer flap
- 42260 Repair of nasolabial fistula
- 42281 Insertion of pin-retained palatal prosthesis (P.A.)

SALIVARY GLAND AND DUCTS

Incision

- 42300 Drainage of abscess; parotid, simple
- 42305 parotid, complicated
- 42310 Drainage of abscess; submaxillary or sublingual, intraoral
- 42320 submaxillary, external
- 42325 Fistulization of sublingual salivary cyst (ranula)
- 42326 with prosthesis
- 42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
- 42335 submandibular (submaxillary), complicated, intraoral
- 42340 parotid, extraoral or complicated intraoral

Excision

- 42400 Biopsy of salivary gland; needle
- 42405 incisional
- 42408 Excision of sublingual salivary cyst (ranula)
- 42409 Marsupialization of sublingual salivary cyst (ranula)
- 42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
- 42415 lateral lobe, with dissection and preservation of facial nerve
- 42420 total, with dissection and preservation of facial nerve
- 42425 total, en bloc removal with sacrifice of facial nerve

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

42440 Excision of submandibular (submaxillary) gland

42450 Excision of sublingual gland

Repair

42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple

42505 secondary or complicated

42507 Parotid duct diversion, bilateral (Wilke type procedure)

42508 with excision of one submandibular gland

42509 with excision of both submandibular glands

42510 with ligation of both submandibular (Wharton's) ducts

Other Procedures

42600 Closure salivary fistula

PHARYNX, ADENOIDS, AND TONSILS

Incision

42700 Incision and drainage abscess; peritonsillar

42720 retropharyngeal or parapharyngeal, intraoral approach

42725 retropharyngeal or parapharyngeal, external approach

Excision, Destruction

42800 Biopsy; oropharynx

42802 hypopharynx

42804 nasopharynx, visible lesion, simple

42806 nasopharynx, survey for unknown primary lesion

42808 Excision or destruction of lesion of pharynx, any method

42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues

42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx

42820 Tonsillectomy and adenoidectomy; under age 12

42821 age 12 or over

42825 Tonsillectomy, primary or secondary; under age 12

42826 age 12 or over

42830 Adenoidectomy, primary; under age 12

42831 age 12 or over

42835 Adenoidectomy, secondary; under age 12

42836 age 12 or over

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Service

Code Service Description

42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844 closure with local flap (e.g., tongue, buccal)
42860 Excision of tonsil tags
42870 Excision or destruction lingual tonsil, any method (separate procedure)
42890 Limited pharyngectomy
42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls

Repair

42900 Suture pharynx for wound or injury
42950 Pharyngoplasty (plastic or reconstructive operation on pharynx)

Other Procedures

42955 Pharyngostomy (fistulization of pharynx, external for feeding)
42960 Control oropharyngeal hemorrhage, primary or secondary (e.g., post-tonsillectomy); simple
42962 with secondary surgical intervention

ESOPHAGUS

Endoscopy

43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43202 with biopsy, single or multiple
43204 with injection sclerosis of esophageal varices
43215 with removal of foreign body
43216 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217 with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219 with insertion of plastic tube or stent
43220 with balloon dilation (less than 30 mm diameter)
43226 with insertion of guide wire followed by dilation over guide wire
43227 with control of bleeding, any method
43228 with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
43234 Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)
43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43239 with biopsy, single or multiple
43241 with transendoscopic tube or catheter placement
43243 with injection sclerosis of esophageal and/or gastric varices
43245 with dilation of gastric outlet for obstruction, any method

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Service

Code Service Description

43246 with directed placement of percutaneous gastrostomy tube
43247 with removal of foreign body
43248 with insertion of guide wire followed by dilation of esophagus over guide wire
43249 with balloon dilation of esophagus (less than 30 mm diameter)
43250 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251 with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255 with control of bleeding, any method
43258 with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
43259 with endoscopic ultrasound examination
43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261 with biopsy, single or multiple
43262 with sphincterotomy/papillotomy
43263 with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264 with endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts
43265 with endoscopic retrograde destruction, lithotripsy of stone(s), any method
43267 with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268 with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269 with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271 with endoscopic retrograde balloon dilation of ampulla, biliary, and/or pancreatic duct(s)
43272 with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique

Manipulation

43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453 Dilation of esophagus, over guide wire
43456 Dilation of esophagus, by balloon or dilator, retrograde
43458 Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia

STOMACH

Excision

43600 Biopsy of stomach; by capsule, tube, peroral (one or more specimens)

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Service
Code

Service Description

Introduction

- 43750 Percutaneous placement of gastrostomy tube
- 43760 Change of gastrostomy tube

Other Procedures

- 43870 Closure of gastrostomy, surgical

INTESTINES (EXCEPT RECTUM)

Excision

- 44100 Biopsy of intestine by capsule, tube, peroral (one or more specimens)

Enterostomy—External Fistulization of Intestines

- 44312 Revision of ileostomy; simple (release of superficial scar) (separate procedure)
- 44340 Revision of colostomy; simple (release of superficial scar) (separate procedure)
- 44345 complicated (reconstruction in-depth) (separate procedure)
- 44346 with repair of paracolostomy hernia (separate procedure)

Endoscopy, Small Bowel and Stomal

- 44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
- 44361 with biopsy, single or multiple
- 44363 with removal of foreign body
- 44364 with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 44365 with removal of tumor(s), polyp(s), or other lesions(s) by hot biopsy forceps or bipolar cautery
- 44366 with control of bleeding, any method
- 44369 with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
- 44372 with placement of percutaneous jejunostomy tube
- 44373 with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
- 44380 Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
- 44382 with biopsy, single or multiple
- 44385 Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
- 44386 with biopsy, single or multiple

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Service

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44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	with biopsy, single or multiple
44390	with removal of foreign body
44391	with control of bleeding, any method
44392	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
44394	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

RECTUM

Incision

45000	Transrectal drainage of pelvic abscess
45005	Incision and drainage of submucosal abscess, rectum
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess

Excision

45100	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)
45108	Anorectal myomectomy
45150	Division of stricture of rectum
45170	Excision of rectal tumor, transanal approach

Endoscopy

45305	Proctosigmoidoscopy, rigid, with biopsy, single or multiple
45307	with removal of foreign body
45308	with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	with removal of single tumor, polyp, or other lesion by snare technique
45315	with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery, or snare technique
45317	with control of bleeding, any method
45320	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique (e.g., laser)
45321	with decompression of volvulus
45331	Sigmoidoscopy, flexible, with biopsy, single or multiple
45332	with removal of foreign body
45333	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	with control of bleeding, any method
45337	with decompression of volvulus, any method

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Service

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45338	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
45355	Colonoscopy, rigid or flexible, transabdominal via colostomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	with removal of foreign body
45380	with biopsy, single or multiple
45382	with control of bleeding, any method
45383	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique
45384	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

Repair

45500	Proctoplasty; for stenosis
45505	for prolapse of mucous membrane
45560	Repair of rectocele (separate procedure)

Manipulation

45900	Reduction of procidentia (separate procedure) under anesthesia
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia

ANUS

Incision

46030	Removal of anal seton, other marker
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia
46050	Incision and drainage, perianal abscess, superficial
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	Incision, anal septum (infant)
46080	Sphincterotomy, anal, division of sphincter (separate procedure)

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Service

Code Service Description

Excision

46200 Fissurectomy, with or without sphincterotomy
46210 Cryptectomy; single
46211 multiple (separate procedure)
46220 Papillectomy or excision of single tag, anus (separate procedure)
46250 Hemorrhoidectomy, external, complete
46255 Hemorrhoidectomy, internal and external, simple
46257 with fissurectomy
46258 with fistulectomy, with or without fissurectomy
46260 Hemorrhoidectomy, internal and external, complex or extensive
46261 with fissurectomy
46262 with fistulectomy, with or without fissurectomy
46270 Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275 submuscular
46280 complex or multiple, with or without placement of seton
46285 second stage

Endoscopy

46608 Anoscopy; with removal of foreign body
46610 with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611 with removal of single tumor, polyp, or other lesion by snare technique
46612 with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery, or snare technique

Repair

46700 Anoplasty, plastic operation for stricture; adult
46705 infant
46750 Sphincteroplasty, anal, for incontinence or prolapse; adult
46751 child
46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754 Removal of Thiersch wire or suture, anal canal
46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant

Destruction

46922 Destruction of lesions, surgical excision
46924 Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method

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Service

Code Service Description

46937 Cryosurgery of rectal tumor; benign
46938 malignant

LIVER

Incision

47000 Biopsy of liver, needle; percutaneous

BILIARY TRACT

Introduction

47510 Introduction of percutaneous transhepatic catheter for biliary drainage
47525 Change of percutaneous biliary drainage catheter
47530 Revision and/or reinsertion of transhepatic tube

Endoscopy

47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of
specimen(s) by brushing and/or washing (separate procedure)
47553 with biopsy, single or multiple
47554 with removal of stone(s)
47555 with dilation of biliary duct stricture(s) without stent

Excision

47630 Biliary duct stone extraction, percutaneous via T-tube tract, basket or snare (e.g., Burhenne
technique)

PANCREAS

Excision

48102 Biopsy of pancreas, percutaneous needle

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Service

Code Service Description

ABDOMEN, PERITONEUM, AND OMENTUM

Incision

49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(ies) (separate procedure)
49080 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081 subsequent
49085 Removal of peritoneal foreign body from peritoneal cavity

Excision, Destruction

49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

Introduction, Revision, and/or Removal

49400 Injection of air or contrast into peritoneal cavity (separate procedure)
49420 Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421 permanent
49425 Insertion of peritoneal-venous shunt
49426 Revision of peritoneal-venous shunt

Repair

Hernioplasty, Herniorrhaphy, Herniotomy

49495 Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible
49500 Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy;
 reducible
49505 Repair initial inguinal hernia, age 5 years or over; reducible
49520 Repair recurrent inguinal hernia, any age; reducible
49525 Repair inguinal hernia, sliding, any age
49540 Repair lumbar hernia
49550 Repair initial femoral hernia, any age; reducible
49555 Repair recurrent femoral hernia; reducible
49560 Repair initial incisional or ventral hernia; reducible
49565 Repair recurrent incisional or ventral hernia; reducible
49570 Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)
49580 Repair umbilical hernia, under age 5 years; reducible
49582 incarcerated or strangulated

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Service

Code Service Description

49585 Repair umbilical hernia, age 5 years or over; reducible

49590 Repair spigelian hernia

URINARY SYSTEM

KIDNEY

Incision

50020 Drainage of perirenal or renal abscess; open

50040 Nephrostomy, nephrotomy with drainage

Excision

50200 Renal biopsy; percutaneous, by trocar or needle

Introduction

50390 Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous

50392 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection,
percutaneous

50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or
injection, percutaneous

50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract,
percutaneous

50396 Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

50398 Change of nephrostomy or pyelostomy tube

Repair

50520 Closure of nephrocutaneous or pyelocutaneous fistula

Endoscopy

50551 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation,
instillation, or ureteropyelography, exclusive of radiologic service

50553 with ureteral catheterization, with or without dilation of ureter

50555 with biopsy

50557 with fulguration and/or incision, with or without biopsy

50559 with insertion of radioactive substance with or without biopsy and/or fulguration

50561 with removal of foreign body or calculus

50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or
ureteropyelography, exclusive of radiologic service

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Service

Code Service Description

50572 with ureteral catheterization, with or without dilation of ureter
50574 with biopsy
50576 with fulguration and/or incision, with or without biopsy
50578 with insertion of radioactive substance, with or without biopsy and/or fulguration
50580 with removal of foreign body or calculus

Other Procedures

50590 Lithotripsy, extracorporeal shock wave

URETER

Introduction

50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling
ureteral catheter
50688 Change of ureterostomy tube
50690 Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of
radiologic service

Endoscopy

50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or
ureteropyelography, exclusive of radiologic service
50953 with ureteral catheterization, with or without dilation of ureter
50955 with biopsy
50957 with fulguration and/or incision, with or without biopsy
50959 with insertion of radioactive substance, with or without biopsy and/or fulguration (not
including provision of material)
50961 with removal of foreign body or calculus
50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or
ureteropyelography, exclusive of radiologic service
50972 with ureteral catheterization, with or without dilation of ureter
50974 with biopsy
50976 with fulguration and/or incision, with or without biopsy
50978 with insertion of radioactive substance, with or without biopsy and/or fulguration (not
including provision of material)
50980 with removal of foreign body or calculus

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BLADDER

Incision

- 51005 Aspiration of bladder; by trocar or intracatheter
- 51010 with insertion of suprapubic catheter
- 51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
- 51030 with cryosurgical destruction of intravesical lesion
- 51040 Cystostomy, cystotomy with drainage
- 51045 Cystotomy, with insertion of ureteral catheter or stent (separate procedure)

Excision

- 51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair

Introduction

- 51600 Injection procedure for cystography or voiding urethrocystography
- 51605 Injection procedure and placement of chain for contrast and/or chain urethrocystography
- 51610 Injection procedure for retrograde urethrocystography
- 51710 Change of cystostomy tube, complicated

Urodynamics

- 51725 Simple cystometrogram (CMG) (e.g., spinal manometer)
- 51726 Complex cystometrogram (e.g., calibrated electronic equipment)
- 51772 Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
- 51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique

Repair

- 51865 Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
- 51880 Closure of cystostomy (separate procedure)
- 51900 Closure of vesicovaginal fistula, abdominal approach
- 51920 Closure of vesicouterine fistula

Endoscopy—Cystoscopy, Urethroscopy, Cystourethroscopy

- 52000 Cystourethroscopy (separate procedure)
- 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
- 52007 with brush biopsy of ureter and/or renal pelvis

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Service

Code Service Description

52010 Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service

Transurethral Surgery

Urethra and Bladder

52204 Cystourethroscopy, with biopsy

52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)

52235 MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

52240 LARGE bladder tumor(s)

52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration

52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia

52270 Cystourethroscopy, with internal urethrotomy; female

52275 male

52276 Cystourethroscopy with direct vision internal urethrotomy

52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)

52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

52283 Cystourethroscopy, with steroid injection into stricture

52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone

52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral

52300 with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral

52305 with incision or resection of orifice of bladder diverticulum, single or multiple

52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple

52315 complicated

52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)

52318 complicated or large (over 2.5 cm)

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Service

Code Service Description

Ureter and Pelvis

- 52320 Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
- 52325 with fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)
- 52330 with manipulation, without removal of ureteral calculus
- 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
- 52334 Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
- 52335 Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method)
- 52336 with removal or manipulation of calculus (ureteral catheterization is included)
- 52337 with lithotripsy (ureteral catheterization is included)
- 52338 with biopsy and/or fulguration of lesion

Vesical Neck and Prostate

- 52340 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
- 52450 Transurethral incision of prostate
- 52500 Transurethral resection of bladder neck (separate procedure)
- 52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52606 Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
- 52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection)
- 52614 second stage of two-stage resection (resection completed)
- 52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative
- 52630 of regrowth of obstructive tissue longer than one year postoperative
- 52640 of postoperative bladder neck contracture
- 52700 Transurethral drainage of prostatic abscess

URETHRA

Incision

- 53000 Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
- 53010 perineal urethra, external
- 53020 Meatotomy, cutting of meatus (separate procedure); except infant
- 53040 Drainage of deep periurethral abscess

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Excision

53200 Biopsy of urethra
53210 Urethrectomy, total, including cystostomy; female
53215 male
53220 Excision or fulguration of carcinoma of urethra
53230 Excision of urethral diverticulum (separate procedure); female
53235 male
53240 Marsupialization of urethral diverticulum, male or female
53250 Excision of bulbourethral gland (Cowper's gland)
53260 Excision or fulguration; urethral polyp(s), distal urethra
53265 urethral caruncle
53275 urethral prolapse

Repair

53400 Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johannsen type)
53405 second stage (formation of urethra), including urinary diversion
53410 Urethroplasty, one-stage reconstruction of male anterior urethra
53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425 second stage
53430 Urethroplasty, reconstruction of female urethra
53440 Operation for correction of male urinary incontinence, with or without introduction of prosthesis
53442 Removal of perineal prosthesis introduced for continence
53447 Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff
53449 Surgical correction of hydraulic abnormality of inflatable sphincter device
53450 Urethromeatoplasty, with mucosal advancement
53460 Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53502 Urethrorrhaphy, suture of urethral wound or injury, female
53505 Urethrorrhaphy, suture of urethral wound or injury; penile
53510 perineal
53515 prostatomembranous
53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)

Manipulation

53605 Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53665 Dilation of female urethra, general or conduction (spinal) anesthesia

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Service

Code Service Description

MALE GENITAL SYSTEM

PENIS

Incision

- 54000 Slitting of prepuce, dorsal or lateral (separate procedure); newborn
- 54001 except newborn
- 54015 Incision and drainage of penis, deep

Destruction

- 54057 Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
- 54060 surgical excision
- 54065 Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method

Excision

- 54100 Biopsy of penis; cutaneous (separate procedure)
- 54105 deep structures
- 54110 Excision of penile plaque (Peyronie disease)
- 54115 Removal foreign body from deep penile tissue (e.g., plastic implant)
- 54120 Amputation of penis; partial
- 54125 complete
- 54150 Circumcision, using clamp or other device; newborn
- 54152 except newborn
- 54160 Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
- 54161 except newborn

Introduction

- 54205 Injection procedure for Peyronie disease; with surgical exposure of plaque
- 54220 Irrigation of corpora cavernosa for priapism

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Repair

- 54300 Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra
- 54304 Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
- 54308 Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
- 54312 greater than 3 cm
- 54316 Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
- 54318 Urethroplasty for third stage hypospadias repair to release penis from scrotum (e.g., third stage Cecil repair)
- 54322 One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (e.g., Magpi, V-flap)
- 54324 with urethroplasty by local skin flaps (e.g., flip-flap, prepucial flap)
- 54326 with urethroplasty by local skin flaps and mobilization of urethra
- 54328 with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
- 54340 Repair of hypospadias complications (i.e., fistula, stricture, diverticula); by closure, incision, or excision, simple
- 54344 requiring mobilization of skin flaps and urethroplasty with flap or patch graft
- 54348 requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
- 54352 Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
- 54360 Plastic operation on penis to correct angulation
- 54380 Plastic operation on penis for epispadias distal to external sphincter
- 54385 with incontinence
- 54420 Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
- 54435 Corpora cavernosa-glans penis fistulization (e.g., biopsy needle, Winter procedure, rongeur, or punch) for priapism
- 54440 Plastic operation of penis for injury (I.C.)

Manipulation

- 54450 Foreskin manipulation including lysis of preputial adhesions and stretching

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Service

Code Service Description

TESTIS

Excision

54500 Biopsy of testis, needle (separate procedure)
54505 Biopsy of testis, incisional (separate procedure)
54510 Excision of local lesion of testis
54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54530 Orchiectomy, radical, for tumor; inguinal approach
54550 Exploration for undescended testis (inguinal or scrotal area)

Repair

54600 Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620 Fixation of contralateral testis (separate procedure)
54640 Orchiopexy, inguinal approach, with or without hernia repair
54660 Insertion of testicular prosthesis (separate procedure)
54670 Suture or repair of testicular injury
54680 Transplantation of testis(es) to thigh (because of scrotal destruction)

EPIDIDYMIS

Incision

54700 Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)

Excision

54800 Biopsy of epididymis, needle
54820 Exploration of epididymis, with or without biopsy
54830 Excision of local lesion of epididymis
54840 Excision of spermatocele, with or without epididymectomy
54860 Epididymectomy; unilateral
54861 bilateral

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

TUNICA VAGINALIS

Excision

55040 Excision of hydrocele; unilateral
 55041 bilateral

Repair

55060 Repair of tunica vaginalis hydrocele (Bottle type)

SCROTUM

Incision

55100 Drainage of scrotal wall abscess
 55110 Scrotal exploration
 55120 Removal of foreign body in scrotum

Excision

55150 Resection of scrotum

Repair

55175 Scrotoplasty; simple
 55180 complicated (I.C.)

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Service

Code Service Description

SPERMATIC CORD

Excision

55500 Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520 Excision of lesion of spermatic cord (separate procedure)
55530 Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535 abdominal approach
55540 with hernia repair

SEMINAL VESICLES

Incision

55600 Vesiculotomy
55605 complicated

Excision

55650 Vesiculectomy, any approach
55680 Excision of Mullerian duct cyst

PROSTATE

Incision

55700 Biopsy, prostate; needle or punch, single or multiple, any approach
55705 incisional, any approach
55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple

FEMALE GENITAL SYSTEM

LAPAROSCOPY/PERITONEOSCOPY/HYSTEROSCOPY

56300 Laparoscopy (peritoneoscopy), diagnostic (separate procedure)
56301 Laparoscopy, surgical; with fulgaration of oviducts (with or without transection) (Consent for Sterilization Form (CS-18 or CS-21) required)
56302 with occlusion of oviducts by device (e.g., band, clip, or Falope ring) (Consent for Sterilization Form (CS-18 or CS-21) required)
56303 with fulgaration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

56304	with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
56305	with biopsy (single or multiple)
56306	with aspiration (single or multiple)
56307	with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) (Consent for Sterilization Form (CS-18 of CS-21) required)
56309	with removal of leiomyomata (single or multiple)
56316	repair of initial inguinal hernia
56317	repair of recurrent inguinal hernia
56320	with ligation of spermatic veins for varicocele
56343	with salpingostomy (salpingoneostomy)
56344	with fimbrioplasty (P.A.)
56350	Hysteroscopy, diagnostic (separate procedure)
56351	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
56352	with lysis of intrauterine adhesions (any method)
56353	with division of resection of intrauterine septum (any method)
56354	with removal of leiomyomata
56355	with removal of impacted foreign body
56356	with endometrial ablation (any method)
56362	Laparoscopy with guided transhepatic cholangiography; without biopsy
56363	with biopsy

VULVA, PERINEUM, AND INTROITUS

Incision

56405	Incision and drainage of vulva or perineal abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions

Destruction

56501	Destruction of lesion(s), vulva; simple, any method
56515	extensive, any method

Excision

56605	Biopsy of vulva or perineum (separate procedure); one lesion
56620	Vulvectomy, simple; partial
56625	complete
56700	Partial hymenectomy or revision of hymenal ring

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

56720 Hymenotomy, simple incision
56740 Excision of Bartholin's gland or cyst

Repair

56800 Plastic repair of introitus
56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)

VAGINA

Incision

57000 Colpotomy; with exploration
57010 with drainage of pelvic abscess
57020 Colpocentesis (separate procedure)

Destruction

57065 Destruction of vaginal lesion(s); extensive, any method

Excision

57105 extensive, requiring suture (including cysts)
57130 Excision of vaginal septum
57135 Excision of vaginal cyst or tumor

Introduction

57180 Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)

Repair

57200 Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220 Plastic operation on urethral sphincter, vaginal approach (e.g., Kelly urethral plication)
57230 Plastic repair of urethrocele
57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260 Combined anteroposterior colporrhaphy
57265 with enterocele repair
57268 Repair of enterocele, vaginal approach (separate procedure)

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Service

Code Service Description

57284 Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)
57288 Sling operation for stress incontinence (e.g., fascia or synthetic)
57289 Pereyra procedure, including anterior colporrhaphy
57291 Construction of artificial vagina; without graft
57300 Closure of rectovaginal fistula; vaginal or transanal approach
57310 Closure of urethrovaginal fistula
57311 with bulbocavernosus transplant
57320 Closure of vesicovaginal fistula; vaginal approach

Manipulation

57400 Dilation of vagina under anesthesia
57410 Pelvic examination under anesthesia
57415 Removal of impacted vaginal foreign body (separate procedure) under anesthesia

Endoscopy

57460 Colposcopy (vaginoscopy); with loop electrode excision procedure of the cervix

CERVIX UTERI

Excision

57513 Cauterization of the cervix; laser ablation
57520 Connization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522 loop electrode excision
57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57550 Excision of cervical stump, vaginal approach
57555 with anterior and/or posterior repair
57556 with repair of enterocele

Repair

57700 Cerclage of uterine cervix, nonobstetrical
57720 Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Manipulation

57800 Dilatation of cervical canal, instrumental (separate procedure)
57820 Dilatation and curettage of cervical stump

CORPUS UTERI

Excision

58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58145 Myomectomy, excision of fibroid tumor of uterus, single or multiple (separate procedure); vaginal approach

OVIDUCT

Incision

58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral (Consent for Sterilization Form (CS-18 or CS-21) required)
58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach (Consent for Sterilization Form (CS-18 or CS-21) required)

Repair

58770 Salpingostomy (salpingoneostomy)

OVARY

Incision

58800 Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
58820 Drainage of ovarian abscess; vaginal approach, open

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Excision

58900 Biopsy of ovary, unilateral or bilateral (separate procedure)

MATERNITY CARE AND DELIVERY

Excision

59160 Curettage, postpartum

Repair

59300 Episiotomy or vaginal repair, by other than attending physician

59320 Cerclage of cervix, during pregnancy; vaginal

Abortion

59812 Treatment of incomplete abortion, any trimester, completed surgically

59820 Treatment of missed abortion, completed surgically; first trimester

59821 second trimester

59830 Treatment of septic abortion, completed surgically

59840 Induced abortion, by dilation and curettage (Certification for Payable Abortion (CPA-2) form required) (first trimester)

59841 Induced abortion, by dilation and evacuation (Certification for Payable Abortion (CPA-2) form required) (first trimester)

Other Procedures

59870 Uterine evacuation and curettage for hydatidiform mole

59871 Removal of cerclage suture under anesthesia (other than local)

ENDOCRINE SYSTEM

THYROID GLAND

Incision

60000 Incision and drainage of thyroglossal cyst, infected

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Service

Code Service Description

Excision

60200 Excision of cyst or adenoma of thyroid, or transection of isthmus
60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225 with contralateral subtotal lobectomy, including isthmusectomy
60280 Excision of thyroglossal duct cyst or sinus
60281 recurrent

NERVOUS SYSTEM

SKULL, MENINGES, AND BRAIN

Injection, Drainage, or Aspiration

61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026 with injection of drug or other substance for diagnosis or treatment
61050 Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055 with injection of drug or other substance for diagnosis or treatment (e.g., C1-C2)
61070 Puncture of shunt tubing or reservoir for aspiration or injection procedure

Twist Drill, Burr Hole(s), or Trephine

61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter

SURGERY OF SKULL BASE

Stereotaxis

61790 Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791 trigeminal medullary tract

Neurostimulators (Intracranial)

61885 Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling
61888 Revision or removal of cranial neurostimulator pulse generator or receiver

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Service

Code Service Description

CSF Shunt

- 62194 Replacement or irrigation, subarachnoid/subdural catheter
- 62225 Replacement or irrigation, ventricular catheter
- 62230 Replacement or revision of CSF shunt, obstructed valve, or distal catheter in shunt system
- 62256 Removal of complete CSF shunt system; without replacement

SPINE AND SPINAL CORD

Injection, Drainage, or Aspiration

- 62268 Percutaneous aspiration, spinal cord cyst or syrinx
- 62269 Biopsy of spinal cord, percutaneous needle
- 62270 Spinal puncture, lumbar, diagnostic
- 62272 Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)
- 62273 Injection, epidural, of blood or clot patch
- 62274 Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); subarachnoid or subdural, single
- 62275 epidural, cervical or thoracic, single
- 62276 subarachnoid or subdural, differential
- 62277 subarachnoid or subdural, continuous
- 62278 epidural, lumbar or caudal, single
- 62279 epidural, lumbar or caudal, continuous
- 62280 Injection of neurolytic substance (e.g., alcohol, phenol, iced saline solutions); subarachnoid
- 62282 epidural, lumbar or caudal
- 62288 Injection of substance other than anesthetic, antispasmodic, contrast, or neurolytic solutions; subarachnoid (separate procedure)
- 62289 lumbar or caudal epidural (separate procedure)
- 62294 Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal

Catheter Implantation

- 62350 Implantation, revision, or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; without laminectomy
- 62351 with laminectomy

Reservoir/Pump Implantation

- 62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
- 62361 non-programmable pump
- 62362 programmable pump, including preparation of pump, with or without programming

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Service

Code Service Description

- 62365 Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
- 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming (professional component only)
- 62368 with reprogramming (professional component only)

Stereotaxis

- 63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
- 63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery

Neurostimulators (Spinal)

- 63650 Percutaneous implantation of neurostimulator electrode array; epidural
- 63660 Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddles(s)
- 63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
- 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver

Shunt, Spinal CSF

- 63744 Replacement, irrigation or revision of lumbosubarachnoid shunt
- 63746 Removal of entire lumbosubarachnoid shunt system without replacement

**EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND
AUTONOMIC NERVOUS SYSTEM**

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

Somatic Nerves

- 64410 Injection, anesthetic agent; phrenic nerve
- 64415 brachial plexus
- 64417 axillary nerve
- 64420 intercostal nerve, single
- 64421 intercostal nerves, multiple, regional block
- 64430 pudendal nerve

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Service

Code Service Description

- 64442 paravertebral facet joint nerve, lumbar, single level
64443 paravertebral facet joint nerve, lumbar, each additional level (list separately in addition to code for primary procedure)

Sympathetic Nerves

- 64510 Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520 lumbar or thoracic (paravertebral sympathetic)
64530 celiac plexus, with or without radiologic monitoring

Neurostimulators (Peripheral Nerve)

- 64575 Incision, for implantation of neurostimulator electrodes; peripheral nerve
64590 Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595 Revision or removal of peripheral neurostimulator pulse generator or receiver

Destruction by Neurolytic Agent (e.g., Chemical, Thermal, Electrical, Radiofrequency)

Somatic Nerves

- 64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605 second and third division branches at foramen ovale
64610 second and third division branches at foramen ovale under radiologic monitoring
64620 Destruction by neurolytic agent; intercostal nerve
64622 paravertebral facet joint nerve, lumbar, single level
64623 paravertebral facet joint nerve, lumbar, each additional level (list separately in addition to code for primary procedure)
64630 pudendal nerve

Sympathetic Nerves

- 64680 Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring

Neuroplasty (Exploration, Neurolysis, or Nerve Decompression)

- 64702 Neuroplasty; digital, one or both, same digit
64704 nerve of hand or foot
64708 Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712 sciatic nerve
64713 brachial plexus

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

64714 lumbar plexus
64716 Neuroplasty and/or transposition; cranial nerve (specify)
64718 ulnar nerve at elbow
64719 ulnar nerve at wrist
64721 median nerve at carpal tunnel
64722 Decompression; unspecified nerve(s) (specify)
64726 plantar digital nerve
64727 Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (neuroplasty includes external neurolysis)

Transection or Avulsion

64732 Transection or avulsion of; supraorbital nerve
64734 infraorbital nerve
64736 mental nerve
64738 inferior alveolar nerve by osteotomy
64740 lingual nerve
64742 facial nerve, differential or complete
64744 greater occipital nerve
64746 phrenic nerve
64771 Transection or avulsion of other cranial nerve, extradural
64772 Transection or avulsion of other spinal nerve, extradural

Excision

Somatic Nerves

64774 Excision of neuroma; cutaneous nerve, surgically identifiable
64776 digital nerve, one or both, same digit
64778 digital nerve, each additional digit (list separately in addition to code for primary procedure)
64782 hand or foot, except digital nerve
64783 hand or foot, each additional nerve, except same digit (list separately in addition to code for primary procedure)
64784 major peripheral nerve, except sciatic
64786 sciatic nerve
64787 Implantation of nerve end into bone or muscle (list separately in addition to neuroma excision)
64788 Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790 major peripheral nerve
64792 extensive (including malignant type)
64795 Biopsy of nerve

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

Sympathetic Nerves

64802 Sympathectomy, cervical

Neurorrhaphy

64831 Suture of digital nerve, hand or foot; one nerve
64832 each additional digital nerve (list separately in addition to code for primary procedure)
64834 Suture of one nerve, hand or foot; common sensory nerve
64835 median motor thenar
64836 ulnar motor
64837 Suture of each additional nerve, hand or foot (list separately in addition to code for primary procedure)
64840 Suture of posterior tibial nerve
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857 without transposition
64858 Suture of sciatic nerve
64859 Suture of each additional major peripheral nerve (list separately in addition to code for primary procedure)
64861 Suture of; brachial plexus
64862 lumbar plexus
64864 Suture of facial nerve; extracranial
64865 infratemporal, with or without grafting
64870 Anastomosis; facial-phrenic
64872 Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neurorrhaphy)
64874 requiring extensive mobilization, or transposition of nerve (list separately in addition to code for nerve suture)
64876 requiring shortening of bone of extremity (list separately in addition to code for nerve suture)

Neurorrhaphy with Nerve Graft

64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891 more than 4 cm length
64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893 more than 4 cm length
64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896 more than 4 cm length
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898 more than 4 cm length
64901 Nerve graft, each additional nerve; single strand (list separately in addition to code for primary procedure)

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

64902 multiple strands (cable) (List separately in addition to code for primary procedure.)
 64905 Nerve pedicle transfer; first stage
 64907 second stage

EYE AND OCULAR ADNEXA

EYEBALL

Removal of Eye

65091 Evisceration of ocular contents; without implant
 65093 with implant
 65101 Enucleation of eye; without implant
 65103 with implant, muscles not attached to implant
 65105 with implant, muscles attached to implant
 65110 Exenteration of orbit (does not include skin graft), removal of orbital contents; only
 65112 with therapeutic removal of bone
 65114 with muscle or myocutaneous flap

Secondary Implant(s) Procedures

65130 Insertion of ocular implant secondary; after evisceration, in scleral shell
 65135 after enucleation, muscles not attached to implant
 65140 after enucleation, muscles attached to implant
 65150 Reinsertion of ocular implant; with or without conjunctival graft
 65155 with use of foreign material for reinforcement and/or attachment of muscles to implant
 65175 Removal of ocular implant

Removal of Foreign Body

65235 Removal of foreign body, intraocular; from anterior chamber or lens
 65260 from posterior segment, magnetic extraction, anterior or posterior route
 65265 from posterior segment, nonmagnetic extraction

Repair of Laceration

65270 Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
 65272 conjunctiva, by mobilization and rearrangement, without hospitalization
 65275 cornea, nonperforating, with or without removal foreign body
 65280 cornea and/or sclera, perforating, not involving uveal tissue

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code Service Description

65285 cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65290 Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

ANTERIOR SEGMENT

Cornea

Excision

65400 Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410 Biopsy of cornea
65420 Excision or transposition of pterygium; without graft
65426 with graft

Keratoplasty

65710 Keratoplasty (corneal transplant); lamellar
65730 penetrating (except in aphakia)
65750 penetrating (in aphakia)
65755 penetrating (in pseudophakia)

Other Procedures

65770 Keratoprosthesis

Anterior Chamber

Incision

65800 Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of
aqueous
65805 with therapeutic release of aqueous
65810 with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air
injection
65815 with removal of blood, with or without irrigation and/or air injection
65850 Trabeculotomy ab externo

Other Procedures

65865 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of
air or liquid) (separate procedure); goniosynechia
65870 anterior synechia, except goniosynechia

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Service

Code Service Description

65875 posterior synechiae
65880 corneovitreal adhesions
65900 Removal of epithelial downgrowth, anterior chamber eye
65920 Removal of implanted material, anterior segment eye
65930 Removal of blood clot, anterior segment eye
66020 Injection, anterior chamber (separate procedure); air or liquid
66030 medication

Anterior Sclera

Excision

66130 Excision of lesion, sclera
66150 Fistulization of sclera for glaucoma; trephination with iridectomy
66155 thermocauterization with iridectomy
66160 sclerectomy with punch or scissors, with iridectomy
66165 iridencleisis or iridotasis
66170 trabeculectomy ab externo in absence of previous surgery
66172 trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66180 Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, Denver-Krupin)
66185 Revision of aqueous shunt to extraocular reservoir

Repair or Revision

66220 Repair of scleral staphyloma; without graft
66225 with graft
66250 Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure

Iris, Ciliary Body

Incision

66500 Iridotomy by stab incision (separate procedure); except transfixion
66505 with transfixion as for iris bombe

Excision

66600 Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605 with cyclectomy
66625 peripheral for glaucoma (separate procedure)

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Service

Code Service Description

66630 sector for glaucoma (separate procedure)

66635 "optical" (separate procedure)

Repair

66680 Repair of iris, ciliary body (as for iridodialysis)

66682 Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision
(e.g., McCannel suture)

Destruction

66700 Ciliary body destruction; diathermy

66710 cyclophotocoagulation

66720 cryotherapy

66740 cyclodialysis

Lens

Incision

66821 Discussion of secondary membranous cataract (opacified posterior lens capsule and/or anterior
hyaloid; laser surgery (e.g., YAG laser) (one or more stages)

Removal Cataract

66830 Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior
hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy,
iridocapsulectomy)

66840 Removal of lens material; aspiration technique, one or more stages

66850 phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with
aspiration

66852 pars plana approach, with or without vitrectomy

66920 intracapsular

66930 intracapsular, for dislocated lens

66940 extracapsular (other than 66840, 66850, 66852)

66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure),
manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)

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Service

Code Service Description

66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal

66986 Exchange of intraocular lens

POSTERIOR SEGMENT

Vitreous

67005 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal

67010 subtotal removal with mechanical vitrectomy

67015 Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)

67025 Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)

67030 Dissection of vitreous strands (without removal), pars plana approach

67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)

67036 Vitrectomy, mechanical, pars plana approach

67038 with epiretinal membrane stripping

67039 with focal endolaser photocoagulation

67040 with endolaser panretinal photocoagulation

Retina or Choroid

Repair

67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid

67108 with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

67109 Repair of retinal detachment, one or more sessions; by technique other than 67107 or 67108

67112 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques

67115 Release of encircling material (posterior segment)

67120 Removal of implanted material, posterior segment; extraocular

67121 intraocular

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601 SURGERY SERVICE CODES AND DESCRIPTIONS (cont.)

Service
Code

Service Description

Prophylaxis

67141 Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy

Destruction

67218 Destruction of localized lesion of retina (e.g., macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)

67227 Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; cryotherapy, diathermy

Sclera

Repair

67250 Scleral reinforcement (separate procedure); without graft
67255 with graft

OCULAR ADNEXA

Extraocular Muscles

67311 Strabismus surgery, recession or resection procedure; one horizontal muscle

67312 two horizontal muscles

67314 one vertical muscle (excluding superior oblique)

67316 two or more vertical muscles (excluding superior oblique)

67318 Strabismus surgery, any procedure superior oblique muscle

67320 Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify) (list separately in addition to code for primary procedure)

67331 Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (list separately in addition to code for primary procedure)

67332 Strabismus surgery on patient with scarring of extraocular muscles (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid ophthalmopathy) (list separately in addition to code for primary procedure)

67340 Strabismus surgery involving exploration and/or repair of detached extraocular muscles(s) (list separately in addition to code for primary procedure)

Other Procedures

67350 Biopsy of extraocular muscle

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Service

Code Service Description

Orbit

Exploration, Excision, Decompression

- 67400 Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
- 67405 with drainage only
- 67412 with removal of lesion
- 67413 with removal of foreign body
- 67415 Fine needle aspiration of orbital contents
- 67420 Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of lesion
- 67430 with removal of foreign body
- 67440 with drainage
- 67450 for exploration, with or without biopsy

Other Procedures

- 67550 Orbital implant (implant outside muscle cone); insertion
- 67560 removal or revision

Eyelids

Incision

- 67715 Canthotomy (separate procedure)

Excision

- 67808 Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
- 67830 Correction of trichiasis; incision of lid margin
- 67835 incision of lid margin, with free mucous membrane graft

Tarsorrhaphy

- 67880 Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy
- 67882 with transposition of tarsal plate

Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)

- 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (P.A.)
- 67902 frontalis muscle technique with fascial sling (includes obtaining fascia) (P.A.)

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Service

Code Service Description

67903 (tarso)levator resection or advancement, internal approach (P.A.)
67904 (tarso)levator resection or advancement, external approach (P.A.)
67906 superior rectus technique with fascial sling (includes obtaining fascia) (P.A.)
67908 conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type) (P.A.)
67909 Reduction of overcorrection of ptosis (P.A.)
67911 Correction of lid retraction (P.A.)
67914 Repair of ectropion; suture
67916 blepharoplasty, excision tarsal wedge (P.A.)
67917 blepharoplasty, extensive (e.g., Kuhnt-Szymanowski or tarsal strip operations) (P.A.)
67921 Repair of entropion; suture
67923 blepharoplasty, excision tarsal wedge (P.A.)
67924 blepharoplasty, extensive (e.g., Wheeler operation) (P.A.)

Reconstruction

67935 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67950 Canthoplasty (reconstruction of canthus)
67961 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin (P.A.)
67966 over one-fourth of lid margin (P.A.)
67971 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage (P.A.)
67973 total eyelid, lower, one stage or first stage (P.A.)
67974 total eyelid, upper, one stage or first stage (P.A.)
67975 second stage (P.A.)

CONJUNCTIVA

Excision and/or Destruction

68130 Excision of lesion, conjunctiva; with adjacent sclera

Conjunctivoplasty

68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325 with buccal mucous membrane graft (includes obtaining graft)
68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328 with buccal mucous membrane graft (includes obtaining graft)
68330 Repair of symblepharon; conjunctivoplasty, without graft

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Service

Code Service Description

68335 with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340 division of symblepharon, with or without insertion of conformer or contact lens

Other Procedures

68360 Conjunctival flap; bridge or partial (separate procedure)
68362 total (such as Gunderson thin flap or purse string flap)

Lacrimal System

Excision

68500 Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505 partial
68510 Biopsy of lacrimal gland
68520 Excision of lacrimal sac (dacryocystectomy)
68525 Biopsy of lacrimal sac
68540 Excision of lacrimal gland tumor; frontal approach
68550 involving osteotomy

Repair

68700 Plastic repair of canaliculi
68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745 Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750 with insertion of tube or stent

Probing and/or Related Procedures

68810 Probing of nasolacrimal duct, with or without irrigation
68811 requiring general anesthesia
68815 with insertion of tube or stent

AUDITORY SYSTEM

EXTERNAL EAR

Excision

69110 Excision external ear; partial, simple repair
69120 complete amputation
69140 Excision exostosis(es), external auditory canal

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Service

Code Service Description

69145 Excision soft tissue lesion, external auditory canal

69150 Radical excision external auditory canal lesion; without neck dissection

Removal of Foreign Body

69205 Removal foreign body from external auditory canal; with general anesthesia

Repair

69310 Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to trauma, infection)
(separate procedure)

69320 Reconstruction external auditory canal for congenital atresia, single stage

MIDDLE EAR

Incision

69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia

69424 Ventilating tube removal when originally inserted by another physician

69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia

69440 Middle ear exploration through postauricular or ear canal incision

69450 Tympanolysis, transcanal

Excision

69501 Transmastoid antrotomy ("simple" mastoidectomy)

69502 Mastoidectomy; complete

69505 modified radical

69511 radical

69530 Petrous apicectomy including radical mastoidectomy

69550 Excision aural glomus tumor; transcanal

69552 transmastoid

Repair

69601 Revision mastoidectomy; resulting in complete mastoidectomy

69602 resulting in modified radical mastoidectomy

69603 resulting in radical mastoidectomy

69604 resulting in tympanoplasty

69605 with apicectomy

69620 Myringoplasty (surgery confined to drumhead and donor area)

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Service

Code Service Description

69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	with ossicular chain reconstruction (e.g., postfenestration)
69633	with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	with ossicular chain reconstruction
69637	with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	with ossicular chain reconstruction
69643	with intact or reconstructed wall, without ossicular chain reconstruction
69644	with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	radical or complete, without ossicular chain reconstruction
69646	radical or complete, with ossicular chain reconstruction
69650	Stapes mobilization
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material
69661	with footplate drill out
69662	Revision of stapedectomy or stapedotomy
69666	Repair oval window fistula
69667	Repair round window fistula
69670	Mastoid obliteration (separate procedure)
69676	Tympanic neurectomy

Other Procedures

69700	Closure postauricular fistula, mastoid (separate procedure)
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	including medial to geniculate ganglion
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	including medial to geniculate ganglion

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Service

Code Service Description

INNER EAR

Incision and/or Destruction

- 69801 Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
- 69802 with mastoidectomy
- 69805 Endolymphatic sac operation; without shunt
- 69806 with shunt
- 69820 Fenestration semicircular canal
- 69840 Revision fenestration operation

Excision

- 69905 Labyrinthectomy; transcanal
- 69910 with mastoidectomy
- 69915 Vestibular nerve section, translabyrinthine approach

Introduction

- 69930 Cochlear device implantation, with or without mastoidectomy (P.A.)

OPERATING MICROSCOPE

- 69990 Use of operating microscope (list separately in addition to code for primary procedure)

602 PERIODONTIC SERVICE CODES AND DESCRIPTIONS

Service

Code Service Description

Surgical Services (includes usual postoperative services)

- D4210 Gingivectomy or gingivoplasty—per quadrant (once per quadrant per three-year period) (P.A.)

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603 EXODONTIC SERVICE CODES AND DESCRIPTIONS

Service

Code Service Description

Extractions (includes local anesthesia and routine postoperative care)

D7110	Single tooth
D7120	Each additional tooth
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth—soft tissue (P.A.)
D7230	Removal of impacted tooth—partially bony (P.A.)
D7240	Removal of impacted tooth—completely bony (P.A.)

604 ORAL AND MAXILLOFACIAL SURGICAL SERVICE CODES AND DESCRIPTIONS

Service

Code Service Description

D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments) (P.A.)
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes) (P.A.)
D7310	Alveoplasty in conjunction with extractions—per quadrant
D7320	Alveoplasty not in conjunction with extractions—per quadrant (P.A.)
D7340	Vestibuloplasty—ridge extension (second epithelialization) (P.A.)
D7350	Vestibuloplasty—ridge extension (including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue) (P.A.)
D7430	Excision of benign tumor; lesion diameter up to 1.25 cm
D7431	lesion diameter greater than 1.25 cm
D7450	Removal of odontogenic cyst or tumor; lesion diameter up to 1.25 cm
D7451	lesion diameter greater than 1.25 cm
D7460	Removal of nonodontogenic cyst or tumor; lesion diameter up to 1.25 cm
D7461	lesion diameter greater than 1.25 cm
D7470	Removal of exostosis—maxilla or mandible (P.A.)
D7960	Frenulectomy (frenectomy or frenotomy)—separate procedure (P.A.)
D7970	Excision of hyperplastic tissue—per arch (P.A.)

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605 PROSTHETIC SERVICE CODES AND DESCRIPTIONS

Service
Code Service Description

INTEGUMENTARY SYSTEM

L8600 Implantable breast prosthesis, silicone or equal (I.C.)
L8605 Tissue expander implant

HEAD: SKULL, FACIAL BONES, AND TEMPOROMANDIBULAR JOINT

L8610 Ocular implant (I.C.)
L8611 Orbital implant (I.C.)
L8612 Aqueous shunt (I.C.)
L8613 Ossicula implant (I.C.)
L8614 Cochlear device/system (I.C.)
L8615 Temporomandibular joint implant (I.C.)
L8616 Maxilla implant (I.C.)
L8617 Mandible implant (I.C.)
L8618 Palate implant (I.C.)
L8619 Cochlear implant external speech processor, replacement (I.C.)

UPPER EXTREMITY

L8620 Radial head implant (I.C.)
L8621 Distal humerus implant (I.C.)
L8622 Proximal ulna/radius implant (I.C.)
L8623 Distal ulna implant (I.C.)
L8624 Distal radius implant (I.C.)
L8625 Trapezium implant (I.C.)
L8626 Wrist implant (I.C.)
L8627 Lunate implant (I.C.)
L8628 Carpus implant (I.C.)
L8629 Scaphoid implant (I.C.)
L8630 Metacarpophalangeal joint implant (I.C.)

LOWER EXTREMITY — JOINT: KNEE, ANKLE, TOE

L8640 Patella implant (I.C.)
L8641 Metatarsal joint implant (I.C.)
L8642 Hallux implant (I.C.)
L8657 Tendon other than hand or finger, implant (I.C.)
L8658 Interphalangeal joint implant (I.C.)

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605 PROSTHETIC SERVICE CODES AND DESCRIPTIONS (cont.)

Service
Code Service Description

MISCELLANEOUS MUSCULAR — SKELETAL

L8655 Flexor tendon in hand or finger, implant (I.C.)
L8656 Extensor tendon in hand or finger, implant (I.C.)

CARDIOVASCULAR SYSTEM

L8670 Vascular graft material, synthetic implant (I.C.)
L8680 Biliary stent, endoprosthesis (permanent), implant (I.C.)

GENITAL

L8690 Testicle implant (I.C.)

606 OTHER SERVICE CODES AND DESCRIPTIONS

TERMINATED PROCEDURES

X1835 Terminated procedure (reimbursement includes prosthetic device) (I.C.)

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